

# Foster Family Home - Deficiency Report

Provider ID: 1-562810

Home Name: Evelyn Mar, CNA

Review ID: 1-562810-14

94-959 Lumimoe Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/11/2024

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 4/11/24).

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#2's TB clearance lapsed on 12/30/23 and no current result was present.

## Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- CCFFH's last monthly fire drill was on 10/7/23. No monthly fire drills from November 2023-March 2024.

## Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

54.(c)(8) Personal inventory.

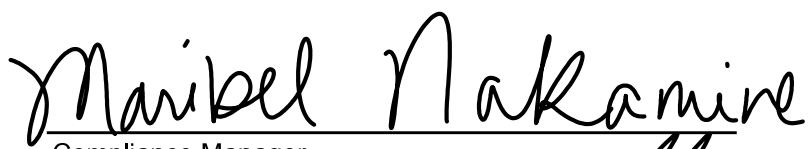

Comment:

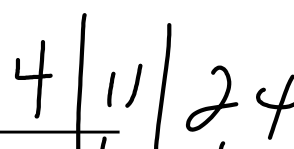
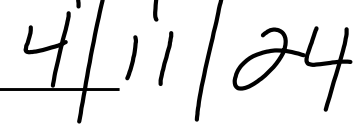
54.(c)(2)- Client #1's Service Plan dated 1/6/24 without the client/POA's signature.

54.(c)(5)- There were two daily scheduled medications that were missing the MD's orders/prescriptions and also were not written in the client's Medication Administration Record (MAR).

54.(c)(6)- Client #1's Daily Care Flowsheet was incomplete. No caregiver's signature from 4/8/24- 4/10/24.

54.(c)(8)- No Personal Inventory Checklist completed for Client #1.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date