

# Foster Family Home - Deficiency Report

Provider ID: 1-090023

Home Name: Evelyn Ruiz, CNA

Review ID: 1-090023-14

94-1002 Kuakolu Place

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 2/27/2024

## 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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 2/27/2024).

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g): No evidence by CCFFH of basic caregiver skills were checked by client #1's case management agency for CG#2, CG#3, CG#4. No documentation provided by CCFFH.

41.(g): No evidence by CCFFH of basic caregiver skills were checked by client #2's case management agency for CG#3. No documentation provided by CCFFH.

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3): No evidence by CCFFH of RN delegations by client #1's case management agency for CG#2, CG#3, and CG#4. No documentation provided by CCFFH.

43.(c)(3): No evidence by CCFFH of RN delegations by client #2's case management agency for CG#3. No documentation provided by CCFFH.

## Foster Family Home Medication and Nutrition [11-800-47]

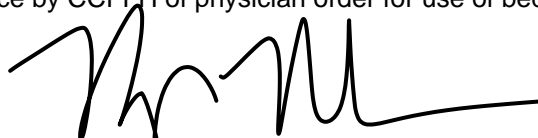

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.


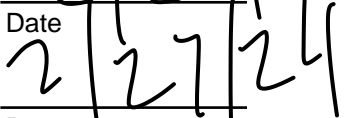
47.(d)(1) By order of a physician;

Comment:

47.(c): No evidence by CCFFH of list of side effects of current medications for client #1. No documentation provided by CCFFH.

47.(d)(1): No evidence by CCFFH of physician order for use of bed side rails for client #1. No documentation provided by CCFFH.

  
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Compliance Manager  
  
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Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date