

Foster Family Home - Deficiency Report

Provider ID: 1-100028

Home Name: Gemma Bautista, CNA

Review ID: 1-100028-16

94-1258 Kahuaina Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 2/26/2024

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: 2/26/2024).

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.

Comment:

47.(c): No evidence by CCFFH of list of side effects for current medications that client #1, client #2, and client #3 are taking. No documentation provided by CCFFH.

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)(4) Client's emergency management procedures;

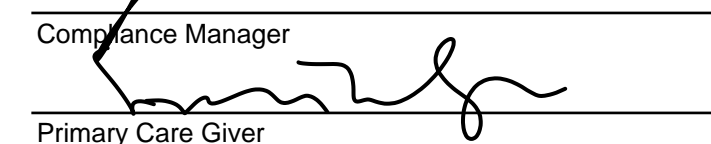
Comment:

54.(c)(2): No evidence by CCFFH of current service plan addressing client #1 is admitted in hospice services and blood sugar monitoring. Documents provided by CCFFH show client was admitted to hospice prior to current service plan was completed and client has had blood sugar monitoring since admission in 3/2023.

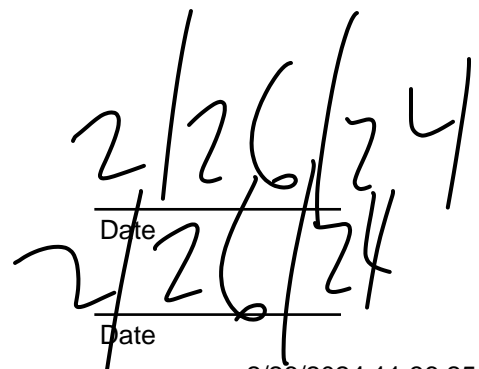
54.(c)(4): No evidence by CCFFH Of current emergency procedures for client #1, client #2, and client #3. No documentation provided.



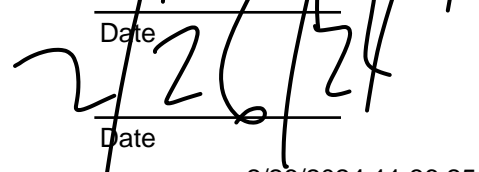
Compliance Manager



Primary Care Giver



Date



Date