

# Foster Family Home - Deficiency Report

Provider ID: 1-100106

Home Name: Helen Claveria, NA

Review ID: 1-100106-16

94-1261 Huakai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/28/2024

## 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 (issued on 2/28/24).

No 1147 present for Client #1 and Client #2.

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- CG#4's APS/CAN lapsed on 12/3/23 and no current result was present.

## 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 list of medications' side effects present for Client #1.

## Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#5 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

## Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- No written authorization present for Client #1 and Client #2's video camera monitoring devices in each of the clients' bedrooms. Use of video camera without proper consent is a violation of client's privacy rights.

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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;

Comment:

54.(c)(2)- No POA's/Client's signature present for Client #2's Service Plan dated 11/21/23.

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

Client #1- one daily eye drop medication was not available since client was admitted to CCFFH. One daily scheduled medication's label and MD order did not match the client's Medication Administration Record (MAR).

Client #2- one medication did not have an MD's order that client was administered for pain and not recorded in client's MAR. Another medication for cough did not have an MD's order present and was not written in MAR, although, CG#1 admitted to administering the medication to client.

Maubel Nakamire, RN 2/28/24  
Compliance Manager Date  
Helen Claveria 2/28/24  
Primary Care Giver Date