

# Foster Family Home - Deficiency Report

Provider ID: 1-130023

Home Name: Lani Arellano, CNA

Review ID: 1-130023-14

94-410 Hamau Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 3/27/2024

## 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 visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days (issued on 3/27/24).

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2)Staff- CG#4 was documented in the CCFFH's Sign Out/In sheet to have worked for more than 5 hours in a 24-hour period (4/23/23)- In at 2pm and out at 12:00am.

## 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 RN delegation present on Wound care for CG#1, CG#2, CG#3, CG#4, and CG#5 in Client #3's chart/records.

## 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#4 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

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

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

Comment:

54.(c)(5)- Client #1's Medication Administration Record (MAR) was incomplete- no signatures present from 3/25/24-3/27/24 (am). One medication's label dosage did not match the doctor's order and the client's MAR.

Client #2's MAR was incomplete- no signatures present from 3/22/24-3/27/24 (am).

Client #3's MAR was incomplete- no signatures present from 3/22/24-3/27/24 (am). One daily scheduled medication's label and MD's order did not match the client's MAR.

Maribel Nakamine, RN 3/27/24  
Compliance Manager Date  
[Signature] 3/27/24  
Primary Care Giver Date