

Foster Family Home - Deficiency Report

Provider ID: 1-170039

Home Name: Loridhel Ramoran, RN

Review ID: 1-170039-12

94-414 Kahuanani Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 3/4/2024

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: 3/4/2024)

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(3) Inform clients about their confidentiality practices;

16.(c) Information about an applicant or recipient shall not be used or disclosed unless;

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

Comment:

16.(B)(3): No evidence by CCFFH of documentation that client #2/OPG informed of CCFFH's confidentiality practices. No documentation provided by CCFFH.

16.(C)(1): No evidence by CCFFH of documentation of client #2/OPG authorizing the use or disclosure of client's information. No documentation provided by CCFFH.

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): No evidence by CCFFH of TB clearance authorized by a physician/APRN/PA for CG#1 and CG#3 within the past 13 months. Documents provided by CCFFH show documents signed by employer's manager.

Foster Family Home - Deficiency Report

Foster Family Home	Grievance	[11-800-45]
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- 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;
- 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and
- 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1)(2)(3): No evidence by CCFFH by grievance policy reviewed by client #2/OPG. No documentation provided by CCFFH.

Foster Family Home	Fire Safety	[11-800-46]
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- 46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2): No evidence by CCFFH of CG#2 conducting at least one fire drill in the past 12 months. No documentation provided by CCFFH.

Foster Family Home	Medication and Nutrition	[11-800-47]
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- 47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No evidence by CCFFH of physician order for okay to use bed side rails for client #1 and #2. No documentation provided by CCFFH.

Foster Family Home	Client Rights	[11-800-53]
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- 53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a): No evidence by CCFFH of client's rights were review by client #2/OPG. No documentation provided by CCFFH.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

- 54.(c)(1) Client's vital information;
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 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)(1): Current face sheet provided by CCFFH of client #3 is outdated. Face sheet states that client is private pay but after further review is currently medicaid.

54.(c)(2): No evidence by CCFFH of service plan conducted since client moved into current CCFFH in 12/29/2023. Last service plan documented dated 8/13/2023. Unable to verify current services that client should be provided.


54.(c)(2): No documents provided by CCFFH of client #3's current service plan. Last documented service plan provided by CCFFH is dated 10/06/2022. Unable to verify current services that should be provided by CCFFH.

54.(c)(6): No evidence by CCFFH of RN monthly visit conducted by client #1's case management agency for 5/2023. No documentation provided.

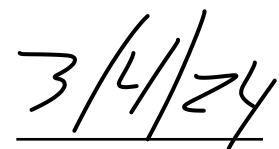
54.(c)(8): No evidence by CCFFH of documentation of client #2's personal belongings since client's admission.



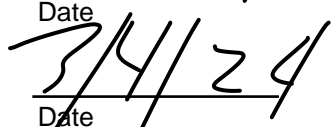
Compliance Manager



Primary Care Giver



Date



Date