

Foster Family Home - Deficiency Report

Provider ID: 1-210053

Home Name: Lovie Chantengco, CNA

Review ID: 1-210053-8

94-815 Kaaka Street

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 4/16/2024

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: 4/16/2024).

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

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.(b)(8): Lapse occurred for CG#3's CPR and first aid training. Due by 5/31/23 and completed 12/01/2023.

41.(e): No documentation provided by CCFFH of CG#4 approved to substitute for 3 bed CCFFH. Documents provided by CCFFH show that CG#4 approved for 2 bed CCFFH.

41.(g): No documentation of basic caregiver skills were checked for CG#5 by client #1 and client #2's case management agency.

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: No documentation provided of updated caregiver sign out log. Last entry dated 10/2023.

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 documentation provided by CCFFH of RN delegation given by client #1 and #2's case management agency for CG#5.

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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 documentation provided by CCFFH of list of side effects of client #1 and client #2's medications.



Compliance Manager



Primary Care Giver

4/16/24
Date
4/16/24
Date