

Foster Family Home - Deficiency Report

Provider ID: 4-170095

Home Name: Mariejoy A. Vilorio, CNA

Review ID: 4-170095-11

258 Ani Street

Reviewer: Terri Van Houten

Kahului

HI 96732

Begin Date: 1/24/2024

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 by 2/26/2024.

Foster Family Home Medication and Nutrition [11-800-47]

47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.

47.(d)(1) By order of a physician;

47.(d)(2) Reflected in the client's service plan; and

47.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(b), 47.(d)(1), 47.(d)(2), 47.(d)(3) - The CCFFH did not have evidence that client #1 was being routinely monitored by a physician. No admission orders were present in the chart. Client medication list was not signed as reviewed and verified by the PCP or CMA RN.

47.(e) - The CCFFH did not have documentation of the medical history for client #1, therefore it was unknown if the client required a special diet or not or if restraints were needed. Noted that client was receiving oral anti-diabetic medications.

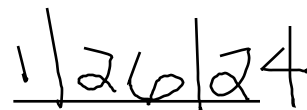
Foster Family Home Records [11-800-54]

54.(c)(3) Current copies of the client's physician's orders;

Comment:

54.(c)(3) - The CCFFH did not have evidence of admitting orders from the PCP for Client #1. Client was admitted to the [REDACTED] ten orders were present in the client's chart and there was no documentation that [REDACTED] had made efforts to obtain written physician orders or a health history and physical for the client. The CCFFH had documented evidence of CG#1's attempt to identify a PCP and obtain admission orders for the client, but nothing had been received at the time of the inspection.


Compliance Manager


Date

Primary Care Giver

Date

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Foster Family Home Medication and Nutrition [11-800-47]

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47.(d)(2) Reflected in the client's service plan; and

47.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(b), 47.(d)(1), 47.(d)(2), 47.(d)(3) - The CCFFH did not have evidence that client #1 was being routinely monitored by a physician. No admission orders were present in the chart. Client medication list was not signed as reviewed and verified by the PCP or CMA RN.

47.(e) - The CCFFH did not have documentation of the medical history for client #1, therefore it was unknown if the client required a special diet or not or if restraints were needed. Noted that client was receiving oral anti-diabetic medications.

Foster Family Home Records [11-800-54]

54.(c)(3) Current copies of the client's physician's orders;

Comment:

54.(c)(3) - The CCFFH did not have evidence of admitting orders from the PCP for Client #1. Client was admitted to the CCFFH on 9/1/23. No written orders were present in the client's chart and there was no documentation that [REDACTED] had made efforts to obtain written physician orders or a health history and physical for the client. The CCFFH had documented evidence of CG#1's attempt to identify a PCP and obtain admission orders for the client, but nothing had been received at the time of the inspection.

Compliance Manager

Primary Care Giver

Date

Date