

Foster Family Home - Deficiency Report

Provider ID: 1-160047

Home Name: Marilyn Palisbo, CNA

Review ID: 1-160047-14

94-549 Apii Street

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 2/27/2024

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 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: 2/27/2024).

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

16.(b)(2) Safeguard all confidential information about applicants and recipients of services;

Comment:

16.(b)(2): multiple months of ADL flowsheets, caregiver progress notes, and vital signs documentation for client #2 and #3 were destroyed due to home's dog chewed on it.

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 for CG#2 signed by MD/APRN/PA. Documents provided by CCFFH have no signature.

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

(3P)(a)(5) Staff Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months, per 321-483(b)(4)(B) HRS.

(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)(a)(5) Staff: No evidence by CCFFH of CG#3 completed minimum 12 hours of annual in-service training each of the past two years or 24 hours in the past 24 months.

(3P)(b)(2) Staff: No documents provided by CCFFH of log of caregiver sign-in and out of CCFFH.

Foster Family Home Fire Safety [11-800-46]

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 a fire drill in the past 12 months. No documentation provided by CCFFH.

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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 evidence by CCFFH of list of side effects for client #1's current medications. No documentation provided by CCFFH.

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Fiscal Requirements

[11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a)(b)(c): No documentation of a monthly budget maintained by CCFFH. Unable to determine CCFFH's financial resources with no current bank statement provided by CCFFH.

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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;

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;

Comment:

54.(c)(2): No evidence by CCFFH of documents of service plan conducted every six months for client #2. No documents provided of service plan 6/2023 was conducted.

54.(c)(2): Unable to verify services for client #3 due to last service plan provided by CCFFH dated 02/2023.

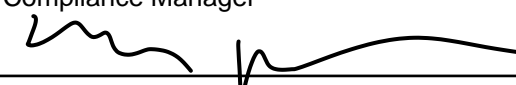
54.(c)(5): Evidence of discrepancy of medication dosage for one of client #3's medications. Medication order on file and medication administrative record states 1 tablet to be given but order on medication label states 1/2 tablet to be given.

54.(c): Incomplete documentation of medication administration for client #3 since 2/1/2024. Two of all medications were documented to be given as CCFFH.

54.(c)(6): No documentation provided by CCFFH of RN monthly visits by client #1, #2, and #3 were provided. No documentation for 10/2023 for client #1. No documentation for months of 1/2024, 12/2023, 8/2023, 7/2023, and 6/2023 for client #2. No documentation for months of 11/2023, 8/2023, 7/2023, and 6/2023 for client #3.



Compliance Manager



Primary Care Giver

2/7-7/24
Date
2/27/24
Date