

# Foster Family Home - Deficiency Report

Provider ID: 1-624610

Home Name: Marlene Diego, CNA

Review ID: 1-624610-17

94-1237 Halelehua Street

Reviewer: Maribel Nakamine

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 visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 4/16/24).

6.d.1- Client #1 without an 1147 present in client's chart and Client #2's 1147 lapsed on 2/25/21 and no current 1147 was present in client's chart.

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

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.(g)- No Basic Skills checks present in Client #1's chart/records for CG#1 and CG#2.

## 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 delegations present for CG#1 and CG#2 in Client #1's chart/records.

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

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.(e)- No training present for CG#1 and CG#2 for Client #1's specialized feeding needs.

## Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Client #2's bedroom window latch was broken- unable to close and open jalousies. Client #1 and Client #2's window screens with multiple holes. Client #2's windows were blocked on the outside by stacks of multiple boxes- fresh air would not enter and circulate inside of client's bedroom. Clients' bathroom sink faucet had no hot water.

# Foster Family Home - Deficiency Report

Foster Family Home

Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e)- CCFFH with a gate- no gate buzzer/intercom or means of communication for CTA compliance manager/other agencies to have quick access to the CCFFH.

Foster Family Home

Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

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;

54.(c)(7) Expenditure records; and

Comment:

54.(b)- Client #1's progress/observation notes/documentations were lacking signatures after each dated entry.

54.(c)(2)- Client #1's Service Plan was incomplete- missing signature page and date of service plan.

54.(c)(3)- No MD order for Client #1's nectar liquid consistency diet that CG#1 was currently providing to client.

54.(c)(5)- Client #1 with 5 missing/unavailable medications and Client #2 with 2 missing/unavailable medications.

54.(c)(6)- No monthly RN visit summaries for Client #1 from June 2023 thru February 2024.

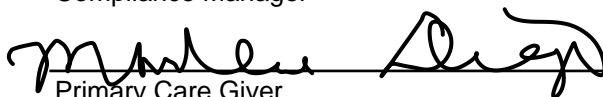
54.(c)(7)- Client #2's Expenditure Flowsheet/Record was missing the receipts and running balances. CG#1 was unable to provide during CCFFH inspection.



Compliance Manager

Date

4/16/24



Primary Care Giver

Date

4/16/24