

Foster Family Home - Deficiency Report

Provider ID: 1-170068

Home Name: Meryll Kathleen V. Dadulla,
CNA

Review ID: 1-170068-13

94-535 Pilimai Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 2/20/2024

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 re-certification inspection.

Client #1 is missing form 1147.

Client #2 has an expired form 1147.

Deficiency Report issued during CCFFH inspection via email on 2/20/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8(a)(2) APS/CAN checks were lapsed for CG#3 and HHM# 3.
CG#3 APS/CAN was due on or before 10/27/2023 and was completed on 1/7/2024.
HHM#3 APS/CAN was due on or before 2/14/2022 and was completed on 2/15/2024.

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#3. CG# 3 requires 12 hours of in-service training, but had only 9 hours attended in 2023.

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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 delegation present for Client #1 for CG# 2.

3 Person Fire Safety,
Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)The CCFFH did not have evidence that fire drills had been conducted monthly. Missing drills for October through December 2023.

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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;

Comment:


54(c)(2) No current POA/Client signature on the service plan present for Client#2 and Client#3.

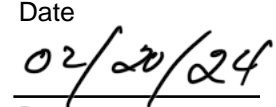
54(c)(5) MAR was documented for future date of 2/21/2024, for Client #3.



Compliance Manager


Primary Care Giver



Date


Date