

Foster Family Home - Deficiency Report

Provider ID: 2-596463

Home Name: Norma Subia Tagatac, LPN

Review ID: 2-596463-24

4334 Puaole Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 2/13/2024

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 2/13/24).

6.d.1- No 1147 present in Client #1's chart/records. Client #2's 1147 lapsed on 9/18/23 and no current 1147 was present in client's chart/records.

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

Comment:

8.(a)(1), (2)- HHM#2's APS/CAN/Fingerprint result lapsed on 5/25/23 and no current result was present.

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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

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)- CG#5's CPR and basic first aid training lapsed on 11/2023 and no current certifications were present.

41.(f)(1)- HHM#2's TB clearance lapsed on 7/27/23 and no current clearance result was present.

41.(g)- CG#3 and CG#5 were without the basic skills checks completed in Client #1's chart/records.

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#3 and CG#5 in Client #1's chart/records.

Foster Family Home - Deficiency Report

**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- CG#2, CG#3 and CG#5 without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home

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 list of medications' side effects present for Client #1.

Foster Family Home

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 Service Plan present in Client #1's chart/records. Client #2's Service Plan lapsed on 10/24/23 and no current service plan present in chart/records.

54.(c)(5)- one medication did not match Client #2's Medication Record Administration (MAR) when compared with the medication label and MD's order.

Mariabel Nakamine, RN 2/13/24
Compliance Manager Date
Norma Tagatac 2/13/24
Primary Care Giver Date