

Foster Family Home - Deficiency Report

Provider ID: 1-616146

Home Name: Ofelia Suarez, CNA

Review ID: 1-616146-15

2866 Numana Road

Reviewer: Ryan Nakamua

Honolulu

HI 96819

Begin Date: 4/3/2024

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: 4/03/2024).

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): Evidence by CCFFH of lapse of TB clearance for CG#1, CG#2, and HHM#1 based on documents provided by CCFFH. CG#1 was due 6/27/2023 and completed 4/01/2024, CG#2 was due 4/12/2023 and completed 4/01/2024, HHM#1 was due 6/27/2023 and completed 4/01/2024.

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

(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)(b)(2) Staff: No documentation of caregiver sign-out sheet being used at CCFFH.

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 documentation of list of side effects for current medications for client #1 and client #2.

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

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2): No grab bar in close proximity of toilet in clients' bathroom.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

54.(c)(1) Client's vital information;

54.(c)(5) Medication schedule checklist;

Comment:

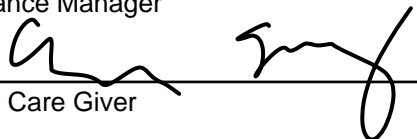
54.(a)(1): No evacuation map of CCFFH provided with all rooms and areas of home drawn. Map provided shows home with no descriptions of each room and where exits are located.

54.(c)(1): Face sheet of CG#2 provided by CCFFH contains information of old CCFFH client was residing.

54.(c)(5): 1 Medication with no supply on hand for client #2. CG#1 states that medication discontinued but no written documentation provided.



Compliance Manager



Primary Care Giver

4/3/24
Date
4/3/24
Date