

Foster Family Home - Deficiency Report

Provider ID: 1-180054

Home Name: Rhodora Magaoay, CNA

Review ID: 1-180054-15

94-1150 A Limahana Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 4/24/2024

Foster Family Home	Required Certificate	[11-800-6]
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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: 4/24/2024).

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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.(b)(7): Lapse noted for TB clearance of CG#3. TB due for CG#3 by 7/17/2023 and completed on 4/22/2024.

41.(b)(8): No documentation of current CPR/AED certification for CG#3. CPR was due by 11/22/2023.

41.(b)(8): No documentation provided by CPR/first aid certification for CG#4.

41.(c): No documents provided by CCFFH of CG#3 meeting minimum 12 hours of in-service training in 2023. Documents provided by CCFFH shows CG completed 8 hours.

Foster Family Home	Client Care and Services	[11-800-43]
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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 documentation of RN delegations given by client #3's case management agency to CG#5. No documentation of routine oral medication delegation given by client #3's case management agency to CG#4.

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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.

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(c): No documentation provided by CCFFH of side effects of current medications for client #1 and client #2.

47.(d)(1): No physician order for okay to use bed side rails 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;

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 documentation provided of client #1 and client #2's POA signature of current service plans.

54.(c)(5): No documentation provided by CCFFH of daily medication administration for client #1 and client #3.

54.(c)(5): Medication dosage discrepancy for 1 medication on hand compared to medication administration record (MAR) for client #2.

54.(c)(5): 4 medications on hand being administered were expired on date of inspection for client #3.

54.(c)(6): No documentation of ADLs and vital signs for client #1 for month of 12/2023.



Compliance Manager



Primary Care Giver

4/24/24

Date
4/24/24

Date