

Foster Family Home - Deficiency Report

Provider ID: 1-220048

Home Name: Sharmaine Rose Basilio, NA

Review ID: 1-220048-5

98-259-B Hekaha Street

Reviewer: Ryan Nakamua

Aiea HI 96701

Begin Date: 3/18/2024

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 3/18/2024).

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No evidence by CCFFH of confidentiality training completed for CG#3. No documentation provided by CCFFH.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(4): No evidence by CCFFH of documentation of substitute caregiver disclosure form for CG#3.

41.(b)(7): No documentation by CCFFH of current TB clearance for CG#1 and CG#3. Documents provided by CCFFH show that TB clearance was due 7/20/2023 for CG#1 and 9/26/2023 for CG#3.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): No evidence by CCFFH of fire drills conducted monthly while clients are residing in home. No documentation of fire drills conducted in 04/2023 and months since 09/2023.

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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.

Comment:

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

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Records

[11-800-54]

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

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

54.(c)(8) Personal inventory.

Comment:

54.(c)(3): No documentation provided by CCFFH of physician orders of medications discontinued or new medications that client #1 is taking since client's admission in 08/2023. According to most recent medication administrative record, one medication was discontinued and another medication was added for client to take routinely.


54.(c)(5): No documentation of medications administered to client #1 for the month of 03/2024. No documentation provided.

54.(c)(6): No documentation of assisted daily living tasks since 03/07/2024 for client #1.

54.(c)(8): No documentation of client #1's personal belongings since admission to CCFFH.



Compliance Manager



Primary Care Giver

3/18/24
Date
3/18/24
Date