

Foster Family Home - Deficiency Report

Provider ID: 1-230072

Home Name: Cheryl Jane Aurelio, NA

Review ID: 1-230072-4

94-144 Kaaholo Place

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 6/13/2024

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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 6/13/24).

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 without any results of APS/CAN/Fingerprinting.

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 confidentiality policies and procedures and client privacy rights training present for HHM#2.

Foster Family Home Medication and Nutrition [11-800-47]

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

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

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d), (d)(1), (d)(2)- No MD's signature and no service plan present for Client #1's bedrails.

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

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Kitchen sliding door screen with multiple large gaping holes. Insects, vermins, mosquitoes, bugs, etc. can enter the CCFFH and possibly bite clients.

49.(c)(3)- No hot water in client's bathroom sink.

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Foster Family Home

Records

[11-800-54]

- 54.(a)(1) Emergency procedures and an evacuation map;
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(3) Current copies of the client's physician's orders;
- 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.(a)(1)- CCFFH without an Emergency/Evacuation Map present.
- 54.(c)(2)- Client #1 without a Service Plan present in chart/records.
- 54.(c)(3)- Client #1's MD's Admission Order to CCFFH without the MD's signature.
- 54.(c)(5)- Client #1 without the June 2024 Medication Administration Record (MAR). Client #2's MAR was incomplete- no signatures from 6/5/24-6/12/24.
- 54.(c)(6)- Client #1's Daily Care Flowsheet/ADLs was incomplete. No signatures present from 6/1/24-6/12/24.

Maikel Nakamine, RN 6/13/24

Compliance Manager

Date

[Signature]

Primary Care Giver

Date

6/13/24