

Foster Family Home - Deficiency Report

Provider ID: 1-180065

Home Name: Epifania Tagaca, CNA

Review ID: 1-180065-13

94-715 Kaaka Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 5/13/2024

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 5/13/24).

6.d.1- Client #1 without an 1147 present in chart/records.

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- CCFFH's Sign In/Out Sheet was incomplete- times in/out for each caregiver were not completely filled out.

From 2/16/23- 3/16/23 CG#1 was on vacation and CG#2 and CG#3 who are both NAs worked more than 5 hours/day & more than 28 hours/week.

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.

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

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

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(c)- No list of medications' side effects present for Client #1.

47.(d), (d)(1)- No MD order present for Client #1's bedrails.

47.(e)- CG#1, CG#2, and CG#3 were without evidence of having been trained in Client #1's specialized feeding needs of pureed/honey thickened liquids.

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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)(3) Current copies of the client's physician's orders;
- 54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2)- Client #2's Service Plan dated 4/6/24 without the Client's/POA's signature.

54.(c)(3)- No MD order present for Client #1 CCFFH's admission.

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

Maribel Nakamine, RN ^{5/13/24}

Compliance Manager

[Signature]

Primary Care Giver

Date 5/13/24

Date