

Foster Family Home - Deficiency Report

Provider ID: 1-562711

Home Name: Eulalio Nana, CNA

Review ID: 1-562711-15

94-520 Apii Street

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 4/29/2024

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: 4/29/2024).

6.(d)(1): No documentation provided by CCFFH of current 1147 assessment for client #1.

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

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(8): No documentation provided by CCFFH of current first aid training for CG#6. First aid training was due by 3/31/2024.

41.(g): No documentation provided by CCFFH of skills were checked by all clients' case management agencies for CG#6.

Foster Family Home Client Care and Services [11-800-43]

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 RN delegations were given to CG#6 by all clients' case management agency. No documentation provided.

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

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

Comment:

47.(d)(1): No documentation provided of physician order for bed rails for client #1 and client #3.

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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)(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 by CCFFH of current service plan for client #1. Last documented service plan provided was dated 6/16/2023.



Compliance Manager



Primary Care Giver

4/29/24

Date
4/29/24

Date