

Foster Family Home - Deficiency Report

Provider ID: 1-100051

Home Name: Ligaya Dugay, CNA

Review ID: 1-100051-17

92-541 Pilipono Street

Reviewer: Ryan Nakamua

Kapolei

HI 96707

Begin Date: 5/1/2024

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: 5/1/2024).

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 monthly fire drill conducted at CCFFH in 3/2024 and 4/2024.

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;

Comment:

47.(d)(1): No signed physician order for use of bed side rails for client #1. No documentation provided.

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): No documentation provided by CCFFH of written consent/acknowledgement of use of camera/monitor from client/POA for client #1 and client #2.

Foster Family Home Records [11-800-54]

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)(5): No daily documentation noted for medication administration for client #2 since 4/25/2024.

54.(c)(6): No daily documentation of ADLs/nursing care for client #1, client #2, client #3. Last documentation for client #2 and #3 dated 4/25/2024 and for client #1 last dated documentation from 2/29/2024.



Compliance Manager



Primary Care Giver

5/1/24

Date
5/1/24

Date