

Foster Family Home - Deficiency Report

Provider ID: 1-160028

Home Name: Mariedel Garingo, CNA

Review ID: 1-160028-16

1334 Noelani Street

Reviewer: Sharon Edmondson

Pearl City

HI 96782

Begin Date: 6/10/2024

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 annual inspection completed on 06/10/24. Annual inspection ^{compliant. sly} ~~Unsubstantiated~~. HAR violation for findings during annual inspection unrelated to visit. Deficiency letter written with plan of correction due to CTA on 06/25/24.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(c) Fire

The home shall assure that: the client who is bed bound, unable to transfer themselves or unable to make independent decisions about individual safety or otherwise not able to make it to safety in the event of an emergency (non-self preserving) shall have a designated person available at all times capable of evacuating the client

Comment:

(3P)(c) Fire During unannounced visit [REDACTED] [REDACTED] observed three (3) bed bound clients residing in the CCFFH. PCG was the only CG present. The CCFFH does not have a designated person available at all times that is capable of evacuating two of the three clients. The CCFFH is required to have a designated CG to each bed bound client who is available at all times

Foster Family Home

Medication and Nutrition

Text

[11-800-47]

47.(a) A licensed practical nurse or a registered nurse shall administer medications that are to be injected, unless physician orders permit a client to self-inject. The registered nurse may delegate the administration of medication as provided in chapter 16-89, section 16-89-100.

47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.

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:

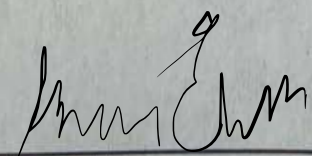
47.(d)(1) By order of a physician;

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

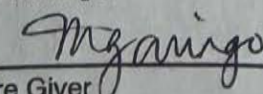
47.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

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:



Compliance Manager



Primary Care Giver

06/14/24

Date

06-14-2024

Date

CTA RN Compliance Manager: SHARON EDMONDSON

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: MARIEDEL A. GARINGO
(PLEASE PRINT)

CCFFH Address: 1334 NOELANI ST., PEARLCITY, HI. 96782
(PLEASE PRINT)

| Rule Number | Corrective Action Taken – How was each issue fixed for each violation? | Date each violation was fixed | Prevention Strategy – How will you prevent each violation from happening again in the future? |
|-------------|--|-------------------------------|---|
| (3P)(c) | PCG and SG or household present at home at all times. | 06-14-2024 | Home will have at least two person/CG present that able to evacuate 3 bedbound clients in case of emergency (fire). |

All items that were corrected are attached to this POC

PCG's Signature: *Marie Del Garingo*

Date: 06-14-2024

CTA has reviewed all corrected items