

Foster Family Home - Deficiency Report

Provider ID: 1-628191

Home Name: Maritess Mercado, NA

Review ID: 1-628191-18

94-1085 Awanani Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 6/6/2024

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 6/6/2024).

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(3) Inform clients about their confidentiality practices;

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)(3): No documentation provided by CCFFH of client #1 informed of CCFFH's confidentiality/privacy practices.

16.(b)(5): No documentation provided by CCFFH of CG#4 and CG#6 trained in CCFFH's confidentiality policy.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(4): No documentation provided by CCFFH of CG#4, CG#5, and CG#6 completing substitute caregiver form.

41.(b)(8): No documentation provided by CCFFH of CG#6's first aid/CPR.

41.(c): No documentation provided by CCFFH of minimum 8 hours of annual in-service training for CG#6 for 2023.

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.

Comment:

47.(c): No documentation provided by CCFFH of list of current medication side effects for client #1.

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Records

[11-800-54]

- 54.(c)(3) Current copies of the client's physician's orders;
- 54.(c)(4) Client's emergency management procedures;
- 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)(3): No documentation of client #1's history and physical reviewed by physician.

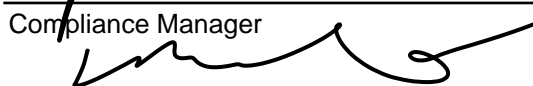
54.(c)(4): No documentation provided by CCFFH of client #1's emergency management procedures.

54.(c)(5): No documentation of any medication administration for current month in this months medication administration record.

54.(c)(6): No daily documentation of personal care or skilled nursing daily check list since 5/21/2024.



Compliance Manager



Primary Care Giver



Date

Date