

Foster Family Home - Deficiency Report

Provider ID: 1-563785

Home Name: Melany Raralio, CNA

Review ID: 1-563785-14

92-766 Palailai Street

Reviewer: Ryan Nakamua

Kapolei HI 96707

Begin Date: 4/30/2024

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: 4/30/2024).

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: No documentation of caregiver sign-in and out when caregiver substituting for CCFFH.

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a)(b)(2): No documentation of monthly fire drills conducted since 2/2023.

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 documentation of physician order for use of bed side rails for client #1.

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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 documentation provided by CCFFH of daily documentation of medication administration for client #1.

54.(c)(6): No documentation of daily ADLs/nursing care and vital signs taken weekly as addressed in service plan for client #1, client #2, client #3.



Compliance Manager


Primary Care Giver

4/30/24

Date
4/30/24

Date