

Foster Family Home - Deficiency Report

Provider ID: 1-230074

Home Name: Meljorie Sarmiento, NA

Review ID: 1-230074-3

94-219 Kahuanani Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 6/7/2024

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 date: 6/7/2024).

6.(d)(1): No documentation provided by CCFFH of current 1147 assessment for client #1 and client #2.

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

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)(5): No documentation provided by CCFFH of confidentiality training completed for CG#2, CG#3, CG#4, HHM#1, HHM#3, HHM#4, HHM#6, and HHM#7.

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.(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)(4): No documentation provided by CCFFH of disclosure form completed for CG#2 and CG#4.

41.(b)(8): No documentation provided by CCFFH of current bloodborne pathogen, infection control, first aid/CPR training for CG#4.

41.(c): No documentation provided by CCFFH of minimum 8 hours annual in-service training completed for CG#4 in 2023.

41.(g): No documentation provided by CCFFH of caregiver skills were checked by client #1's case management agency for CG#3 and CG#4.

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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 documentation of any RN delegations by client #1's case management given to CG#3 and CG#4. No RN delegations were given to for injectable medication administration to CG#2 and no caregivers were delegated for blood sugar monitoring.

Foster Family Home

Records

[11-800-54]

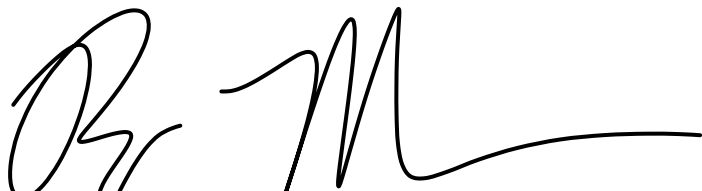
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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;

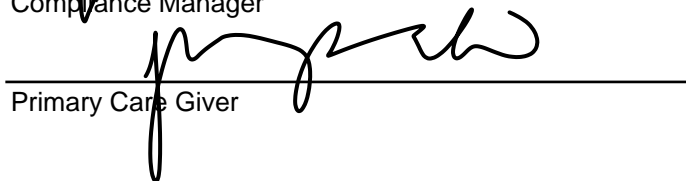
Comment:

54.(c)(2): No signature by client #1/POA on current service plan.

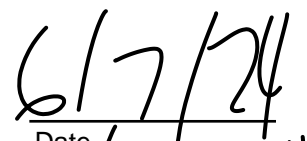
54.(c)(6): Last documented skilled personal care or nursing daily check list for client #1 is 5/7/2024.

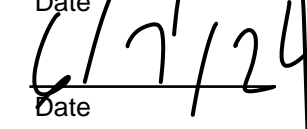


Compliance Manager



Primary Care Giver



Date


Date