

# Foster Family Home - Deficiency Report

Provider ID: 1-230055

Home Name: Norlito Sarmiento, NA

94-232 Moena Place

Waipahu HI 96797

Review ID: 1-230055-2

Reviewer: Maribel Nakamine

Begin Date: 4/23/2024

## 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 visit made for a 2-bed recertification inspection.

Deficiency Report emailed to CCFFH on 4/25/24 with plan of correction due to CTA within 30 days of inspection (4/23/24).

6.d.1- Client #1 without an 1147 present in chart/records.

## 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 confidentiality policies and procedures and client privacy rights training present for CG#4, CG#5, and CG#8.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

Comment:

41.(b)(7)- CG#4's current TB clearance lacked the required signature of an MD, APRN, or a Physician's Assistant.

41.(b)(8)- CG#1's bloodborne pathogen and infection control certification lapsed on 11/9/23 and CG#6's lapsed on 8/21/23. Both were without current documents present.

## Foster Family Home Fire Safety [11-800-46]

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

Comment:

46.(b)(2)- CG#4, CG#5, CG#6, and CG#7 were without evidences of having conducted a monthly fire drill for the CCFFH.

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**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.
- 47.(d) Use of physical or chemical restraints shall be:
- 47.(d)(1) By order of a physician;
- 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:

- 47.(c)- No list of medications' side effects was present for Client #1.
- 47.(d), (d)(1)- No MD order present for Client #1's full bedrails.
- 47.(e)- No training present for Client #1's specialized diet of pureed consistency.

**Foster Family Home**

**Quality Assurance**

**[11-800-50]**

- 50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

- 50.(a)- CG#3, CG#4, CG#5, CG#6, CG#7, and CG#8 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

**Foster Family Home**

**Records**

**[11-800-54]**

- 54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:
- 54.(b)(1) Permit effective professional review by the case management agency, and the department; and
- 54.(c)(3) Current copies of the client's physician's orders;
- 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.(b), (b)(1)- Client #1's chart was in disarray which inhibited the compliance manager's effective review of the client's chart.
- 54.(c)(3)- Client #1 without the MD's Admission order to CCFFH.
- 54.(c)(5)- CCFFH without evidence of initiating Client #1's Medication Administration Record since 4/10/24-4/23/24.
- 54.(c)(6)- Client #1's Daily Care Flowsheet was incomplete. There no signatures of caregivers from 4/20/24- 4/22/24.

Maribel Nakamine, RN

Compliance Manager 4/25/24

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Mto Amint

Primary Care Giver Date 4/25/24

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Date Date 4/25/24