

Foster Family Home - Deficiency Report

Provider ID: 1-512477

Home Name: Ofelia Albano, CNA

Review ID: 1-512477-15

94-1089 Waipahu Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 5/30/2024

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days after inspection (inspection date: 5/30/2024).

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1): Evidence of lapse of 2 sets of fingerprints for CG#4. Documents show that 2nd set of fingerprint was due by 9/12/2023 but completed on 10/26/2023.

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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

Comment:

41.(b)(5): No documentation provided by CCFFH of alternate transport plan or proof of automobile insurance coverage of minimum requirement of \$100,000 of bodily injury damage per person and \$30,000 property damage for CG#3 and CG#4.

41.(b)(7): Evidence of lapse of TB clearance for CG#1. TB clearance was due by 2/23/2024 and was completed on 3/20/2024.

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 of list of medication side effects for client #1 and client #2's current medications.


Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

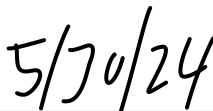
Comment:

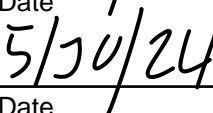
54.(c)(5): Medication discrepancy noted for 1 medication on hand is different than medication listed on client #1's medication administrative record (MAR).



Compliance Manager


Primary Care Giver



Date


Date