

Foster Family Home - Deficiency Report

Provider ID: 1-230062

Home Name: Sherry Blanche Lagmay, CNA

Review ID: 1-230062-3

91-797C Makule Road

Reviewer: Maribel Nakamine

Ewa Beach

HI 96706

Begin Date: 5/20/2024

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 issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 5/20/24).

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 and CG#5.

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.

Comment:

46.(a)- No nighttime fire drill conducted.

Foster Family Home Physical Environment [11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2)- No grab bars present near clients' toilet.

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#4 and CG#5 without evidence of having been trained in the CCFFH's Emergency Preparedness Plan.

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Client Rights

[11-800-53]

53.(b)(13) Retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other clients;

Comment:

53.(b)(13)- Client #1 and Client #2's closet contained the CCFFH's personal belongings such as household items, vacuum cleaner, etc.

Foster Family Home

Records

[11-800-54]

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

Comment:

54.(c)(5)- one of Client #2's scheduled medications was not available and per CG#1 client had not been administered the medication since admission to CCFFH on 3/1/24. There was no MD order to discontinue the medication.

Maubel Makamire, RN

Compliance Manager

Sherry Blaine Log

Primary Care Giver

5/20/24

Date

5/20/24

Date