

Foster Family Home - Deficiency Report

Provider ID: 1-170081

Home Name: Angelina Cabusas, RN

Review ID: 1-170081-14

1021-A 6th Avenue

Reviewer: Ryan Nakamura

Honolulu

HI 96816

Begin Date: 8/22/2024

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: 8/22/2024).

6.(d)(1): No documentation provided by CCFFH of current 1147 assessment for client #1, client #2, and client #3.

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

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

16.(c)(2) The use or disclosure is specifically permitted under applicable federal or state rules or regulations.

Comment:

16.(c)(1)(2): No documentation of written authorization by client #1/POA of use or disclosure of client information.

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 evidence of updated caregiver sign-in and out sheet provided by CCFFH.

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;

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d)(1)(2): No evidence provided by CCFFH of physician signed order of use of bed side rails for client #1. CTA unable to verify if use of side rails are included in service plan due to no service plan provided.

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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.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 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;
- 54.(c)(8) Personal inventory.

Comment:

54.(b): No documentation provided by CCFFH of progress notes of clients' condition or events that occurred. No documentation provided for client #1 since client's admission. No documentation noted for more than 6 months for client #2 and #3.

54.(c)(2): No documentation provided by CCFFH of current service plans for client #1, client #2, and client #3. Last service plan provided by CCFFH dated 9/15/2023 and 4/03/2021 for client #2 and client #3 respectively. No service plan provided for client #1.

54.(c)(5): No daily documentation of medication administration for client #2 and client #3. No medication administration documented for month of 5/2024 for client #2 and month of 3/2024 for client #3.

54.(c)(6): No documentation of daily skilled nursing and ADLs for client #1, client #2, and client #3. No documentation noted for client #1 since client's admission. No documentation for client #2 and #3 since 9/15/2023 and 8/30/2023 respectively.

54.(c)(6): No documentation provided by CCFFH of monthly visits in the past 12 months by client #1, client #2, and client #3's case management agency since last inspection. Documentation provided showed only monthly visits occurred 1/2024, 2/2024, and 7/2024 for client #1; 10/2023, 1/2024, and 7/2024 for client #2; 9/2023, 1/2024, and 7/2024 for client #3.


54.(c)(8): No documentation provided by CCFFH of inventory of client #1's personal belongings.



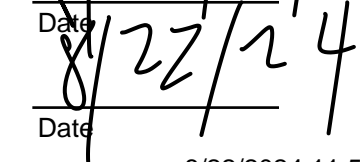
Compliance Manager



Primary Care Giver



Date



Date