

Foster Family Home - Deficiency Report

Provider ID: 1-563991

Home Name: Catalina Guzman, CNA

Review ID: 1-563991-17

94-556 Hiaku Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/16/2024

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 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued pm 7/16/24).

6.d.1- Client#3's 1147 form lapsed on 11/29/23 and no current form was present.

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 for Client #1.

47.(d), (d)(1)- No MD orders for Client #1 and Client #2's bedrails.

47.(e)- No training present for CG#1, CG#2, CG#3, and CG#4 for Client #1, Client #2, and Client #3's specialized feeding needs.

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)- Client #2's Service Plan dated 6/15/24 was missing the Client/POA's signature.

54.(c)(6)- No RN visit summary present for the month of May 2024 in Client #1's chart.

Maribel Nakamine, Re 7/16/24
Compliance Manager Date
Catalina Guzman 7/16/24
Primary Care Giver Date