

Foster Family Home - Deficiency Report

Provider ID: 1-620824

Home Name: Evelyn Jornacion, CNA

Review ID: 1-620824-8

94-760 Kaaholo Street

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 7/18/2024

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 of inspection (inspection date: 7/18/2024).

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

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

Comment:

41.(b)(8): No documentation provided by CCFFH current bloodborne pathogen and infection control training completed in past 12 months. Training was due by 7/8/2024.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3): No documentation provided by CCFFH of RN delegation by client #1's case management agency for O2 and oral suctioning for all caregivers.

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 by CCFFH of list of current medications' side effects for client #1 and client #2.

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): No documentation of written consent/acknowledgement of use of monitor/cameras by client #1's POA/responsible party.

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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;

Comment:

54.(c)(2): No documentation of that services provide match service plan for client #1. No documentation of client receiving hospice services.



Compliance Manager


Primary Care Giver

7/18/24

Date
7/18/24

Date