

Foster Family Home - Deficiency Report

Provider ID: 2-510679

Home Name: Helen Sapla, CNA

Review ID: 2-510679-15

88 Pakalana Street

Reviewer: Maribel Nakamine

Hilo HI 96720

Begin Date: 7/9/2024

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 on 7/9/24).

6.d.1. - No 1147 present in Client #1's chart.

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 list of medications' side effects present for Client #1.

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#2 and CG#3 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

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)- Clients' bathroom without a lock from the inside for privacy.

53.(b)(9)- CCFFH with a surveillance camera in the living room. No written consents were present from Client #1, Client #2, and Client #3's POA's.

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)(4) Client's emergency management procedures;

Comment:

54.(c)(2)- Client #1's Service Plan lapsed on 2/27/24 and no current document present.

54.(c)(4)- No Client Specific emergency procedure form/instruction present in Client #1's chart.

Maribel Nakamine, RN
Compliance Manager

7/9/24
Date

Helen Sapla
Primary Care Giver

7/9/24
Date