Foster Family Home - Deficiency Report							
Provider ID:	1-210073						
Home Name:	Janice Serra CNA	no Mendoza,	Review ID:	1-210073-9			
94-431 Kahuale	-		Reviewer:	Maribel Nakamine			
Waipahu	н	I 96797	Begin Date:	6/21/2024			
Foster Family	/ Home	Required Certif	icate	[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 6/21/24).							
Foster Family	/ Home	Information Co	nfidentiality	[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#5.							
Foster Family	/ Home	Personnel and	Staffing	[11-800-41]			
41.(g) Comment:	and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.						
41.(g)- No basic skills checks completed/present for CG#5 in Client #1's chart/records.							
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 RN delegations present for CG#5 in Client #1's chart/records.							
3 Person Fire Safety, Natural Disaster		3 Person Fire S	afety	(3P) Fire			
(3P)(b)(6) Fire	shall incluc	le all SCGs at least	once per year				
Comment:							
(3P)(b)(6)Fire- No monthly fire drill conducted by CG#5 for the CCFFH.							

Foster Family Home - Deficiency Report								
Foster Family H	lome	Quality Assurance		[11-800-50]				
50.(a) Comment:		shall have documented internation that may affect the client, such	<b>U</b>	ement policies and procedures for emergency				
50.(a)- CG#5 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.								
Foster Family H	lome	Client Rights		[11-800-53]				
53.(b)(9) Comment:		with understanding, respect, a treatment and in care of the cli		of the client's dignity and individuality, including				
53.(b)(9)- Client #1, Client #2, Client #3, and clients' bathroom doors were without locks from the inside. Under My Choice My Way clients should be able to have room door locks from the inside for privacy.								
Foster Family H	lome	Records		[11-800-54]				
54.(c)(6)	social worl	ker monitoring flow sheets, clie	ent observation sheets	onal care or skilled nursing daily check list, RN and ts, and significant events that may impact the life, e client, including but not limited to adverse events;				

Comment:

54.(c)(6)- No documentation for the month of December 2023 of Client #3's results of oxygen saturation.

Manbel Makanik, K Compliance Manager

Prima are Giver

6/21/24 Date Date