

Foster Family Home - Deficiency Report

Provider ID: 1-590308

Home Name: Jocelyn Lomboya, CNA

Review ID: 1-590308-17

207 Kilani Place

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 8/6/2024

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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 8/6/24).

6.d.1- Client #2's 1147 form lapsed on 12/8/23. No current 1147 was present.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.(a)(3)- No Job Experience form present for CG#1.

41.(b)(4)- Primary Caregiver Disclosure form was not updated to reflect the CCFFH current number of household members.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- Last monthly fire drill conducted by the CCFFH was dated 12/2/23. CG#2 without evidence of having conducted a monthly fire drill for the past 12 months.

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Foster Family Home Physical Environment [11-800-49]

- 49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;
- 49.(b)(1) Have a bedside curtain or screen to ensure privacy when a room is shared by the client and another person;
- 49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

- 49.(a)(4)- Kitchen with 3 steps down; no wheelchair/walker access for clients. Mini refrigerator near clients' dining area was turned off/empty.
- 49.(b)(1)- No curtain/partition present in clients' shared bedroom.
- 49.(c)(3)- Clients' bathroom shower floor with multiple patches of brownish/dirt stains.

Foster Family Home Insurance Requirements [11-800-51]

- 51.(a)(2) Automobile; and

Comment:

- 51.(a)(2)- CCFFH's auto insurance policy lapsed on 1/12/24. No current statement of policy coverage present.

Foster Family Home Fiscal Requirements [11-800-52]

- 52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

- 52.(b)- No fiscal records present.

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)- Client#1 and Client#2's shared bedroom door without a doorknob/lock. Clients' unable to lock for privacy.
- 53.(b)(9)- No written consents/agreements were present for Client #1 and Client #2 being in a shared bedroom.

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)(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;

Comment:

- 54.(c)(2)- Client #2's Service Plan (SP) in record was dated 7/28/23; no current SP present.
- 54.(c)(5)- one of Client #1's daily scheduled medication's label and MD's order did not match the client's August 2024 Medication Administration Record (MAR). There were 2 medications of Client #1 that were not available on hand during CCFFH survey.
- 54.(c)(6)- Client #1's monthly RN visit summaries were missing for the months of November 2023, December 2023, January 2024, March 2024, April 2024, May 2024, and June 2024.

Maibet Nakamine, RN

Compliance Manager

[Signature]

Primary Care Giver

8/6/24

Date

8/6/24

Date