

# Foster Family Home - Deficiency Report

**Provider ID:** 1-587438

**Home Name:** Jojie Filburn, CNA

**Review ID:** 1-587438-15

1486 Kohou Street

**Reviewer:** Ryan Nakamura

Honolulu

HI 96817

**Begin Date:** 7/25/2024

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 7/25/2024).

6.(d)(1): No documentation provided by CCFFH of completed 1147 assessment for client #1.

Foster Family Home	Medication and Nutrition	[11-800-47]
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47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No documentation provided by CCFFH of physician order for use of bed side rails for client #1, client #2, and client #3.

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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;
- 54.(c)(4) Client's emergency management procedures;
- 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;
- 54.(c)(8) Personal inventory.

Comment:

54.(c)(2): Services provided by CCFFH does not match services addressed in client #2's service plan and physician orders. Client received thin liquids but physician ordered it to be thickened.



54.(c)(2): No documentation of service plan completed within past 6 months for client #3. Last documented service plan provided dated 10/2023.

54.(c)(4): No documentation provided by CCFFH of client #1 and client #2's emergency procedures.

54.(c)(5): Discrepancy noted between one medication's dosage on hand compared to client #1's medication administrative record (MAR).

54.(c)(5)(6): No documentation of nursing skilled check list and MAR from 7/18/2024 to 7/25/2024 for client #2 and client #3.

54.(c)(8): No documentation provided by CCFFH of inventory of personal belongings for client #1, client #2, and client #3.

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

7/25/24  
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Date  
7/25/24  
\_\_\_\_\_  
Date