

Foster Family Home - Deficiency Report

Provider ID: 1-150036

Home Name: May Rose Coloma, CNA

Review ID: 1-150036-17

1261 Nanakai Street

Reviewer: Ryan Nakamua

Pearl City

HI 96782

Begin Date: 6/12/2024

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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 6/12/2024).

Foster Family Home Information Confidentiality [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 documentation provided by CCFFH of confidentiality training completed for CG#4.

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

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).

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills 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.

Comment:

41.(b)(4): No documentation provided by CCFFH of disclosure form completed for CG#4.

41.(b)(7): No documentation provided by CCFFH of current TB clearance for CG#3. TB clearance was due 3/21/2024.

41.(b)(8): No documentation of accepted current bloodborne pathogen and infection control training for CG#3.

41.(g): No documentation of caregiver skills training checked by client #1's case management agency for CG#4 and client #2's case management agency for CG#3 and CG#4.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff: No documentation of caregiver sign-in and sign-out sheet provided by CCFFH.

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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 of RN delegations for CG#4 by client #1's case management agency. No RN delegation for blood sugar monitoring for any caregivers for client #1.

43.(c)(3): No documentation of RN delegations for CG#3 and CG#4 by client #2's case management agency.

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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 side effects for client #1's current medications.

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Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4): Client #2's bedroom is not wheelchair accessible to CCFFH's exits. There is one step to enter client's bedroom.

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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): Items found in client #3's bedroom closet that do not belong to client.

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Records

[11-800-54]

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)(5): Discrepancy noted in medication on hand being administered to client #3 is different than physician order and medication administrative record (MAR).

54.(c)(5): No documentation of medication administration for client #2 and client #3 since 6/6/2024.

54.(c)(6): No documentation of personal care or daily skilled nursing checklist for client #2 and #3 since 6/6/2024.

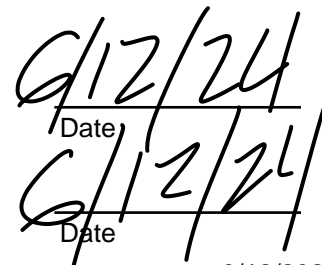
54.(c)(6): No daily documentation of blood pressure checks as ordered by physician for client #3.



Compliance Manager



Primary Care Giver



Date
6/12/24

Date
6/12/24