

Foster Family Home - Deficiency Report

Provider ID: 1-100122

Home Name: Mila Rose Pasamonte, CNA

Review ID: 1-100122-19

630 Kaniahe Street

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 8/20/2024

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 8/20/24).

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#2's APS/CAN lapsed on 8/3/24 and no current result; Ecrim lapsed on 9/2/23 and was not renewed until 6/21/24. HHM#2'S APS/CAN/Fingerprint lapsed on 9/28/23 and no current result was present. HHM#4 without any results of APS/CAN/Fingerprint.

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

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

Comment:

41.(b)(7)- CG#2's TB clearance lapsed on 8/26/23 and no current result was present.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

Comment:

(3P) (b)(2) Fire- CCFFH's monthly fire drills forms were without am/pm on recorded times.

Foster Family Home Medication and Nutrition [11-800-47]

47.(d) Use of physical or chemical restraints shall be:

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

Comment:

47.(d), (d)(1)- No MD order for Client #3's bedrails.

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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)- No Emergency Preparedness Plan present; CG#2 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

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;

Comment:

54.(c)(2)- Client #2's Service Plan dated 7/2024 without the POA's signature; Client #3's Service Plan dated 1/12/24 also without the POA's signature.

54.(c)(5)- Client #2- One daily scheduled medications did not match the Medication Administration Record (MAR) with the medication label and MD's order.

Client #3- one daily medication was not signed from 8/14/24-8/19/24.

Maibela Nakanine, RN

Compliance Manager

M. Pasamonte

Primary Care Giver

Date

Date

8/20/24

8/20/24