

Foster Family Home - Deficiency Report

Provider ID: 1-200041

Home Name: Roselyne O. Almazan, CNA

Review ID: 1-200041-9

1567 Waialele Street

Reviewer: Ryan Nakamura

Honolulu

HI 96819

Begin Date: 6/21/2024

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: 6/21/2024).

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): Evidence of lapse of TB clearance for CG#5. TB clearance was due by 12/01/2023 and completed on 3/04/2024.

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 documentation of RN delegation by client #3's case management agency to any caregivers regarding oxygen administration.

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)(1): No documentation of physician order for use of bed side rails for client #1.

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

51.(a)(2) Automobile; and

Comment:

51.(a)(2): CG#1's automobile insurance does not meet minimum requirement of at least \$30,000 property damage protection.

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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)(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): No documentation of current service plan for client #3. Last documented service plan provided by CCFFH dated 5/2023.

54.(c)(5): Multiple medication discrepancies in client #3's medication administrative record (MAR) compared to physician order and what is being administered by CCFFH.

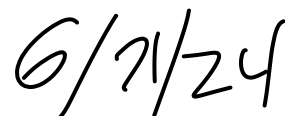
54.(c)(6): No documentation of personal care or skilled nursing daily check list for month of 6/2024 for client #1 and client #2.



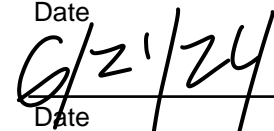
Compliance Manager



Primary Care Giver



Date



Date