

Foster Family Home - Deficiency Report

Provider ID: 1-560434

Home Name: Thelma Ortal, CNA

Review ID: 1-560434-16

94-1079 Kaaholo Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 8/27/2024

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: 8/27/2024).

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

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.(g): No documentation provided by CCFFH of basic caregiver skills were checked by client #1's case management agency for CG#1 and CG#2.

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 evidence by CCFFH of updating caregiver sign-in and out sheet.

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 provided by CCFFH of RN delegations of any task were given to CG#1 and CG#2.

43.(c)(3): No evidence provided by CCFFH of RN delegations of rectal suppository and inhaler medication administration by client #3's case management agency for CG#1 and CG#2.

Foster Family Home - Deficiency Report

**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(5) Fire shall be documented in a log with the date and time of each drill, the time it took to complete the evacuation, and names of participants

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(5)(6) Fire: No evidence by CCFFH of fire drills were conducted monthly by any caregiver. Last documented fire drill was dated 1/06/2023.

Foster Family Home

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): 2 medications prescribed to client #2 found with client #1's medications that were not prescribed to client. Medication and dose match client #1's order. CCFFFH was unaware of discrepancy until CTA questioned it. CCFFFH separated the 2 medications from client #1's medications once made aware.

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

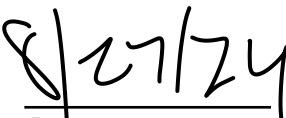
Comment:


54.(c)(5): Discrepancy noted in 3 medication orders different when compared to client #2's medication administrative record (MAR).



Compliance Manager


Primary Care Giver



Date


Date