

Foster Family Home - Deficiency Report

Provider ID: 1-633760

Home Name: Aurelia Padilla, CNA

Review ID: 1-633760-17

94-1116 Hina Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 9/6/2024

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 9/6/24).

6.d.1- Client #1's 1147 lapsed on 8/1/24 and no current document was present in Client #1's chart/records.

PCG requests to increase from a 2-client to a 3-client CCFFH.

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.

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(c)- No list of medications' side effects present for Client #1.

47.(e)- No caregivers' training present for Client #1's specialized diet and liquid consistency for CG#1, CG#2, CG#3, CG#4, and CG#5.

Foster Family Home Physical Environment [11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

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

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(1)- Clients' bathroom shower floor without a non-slip surface present.

49.(a)(4)- Back door emergency exit near clients' bedrooms with a door latch above door. Client will not be able to open door in the event of an emergency/evacuation.

49.(c)(3)- CCFFH's living room window screen and Client #2's bedroom window screen with gaping holes/ripped. Bugs, mosquitoes, vermins, etc. can enter the CCFFH and possibly bite the clients.

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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)- Client #1 and Client #2's Medication Administration Records (MARs) for the month of September 2024 was last signed on 9/3/24. No caregiver's signatures present from 9/4/24- 9/6/24 (till am doses.)

One of Client #2's daily scheduled medication's label and MD's order dosage did not match the client's MAR; one as needed medication was not written in client #2's MAR.

54.(c)(6)- Client #1's Daily Care Flowsheet/ADLs was last signed on 9/3/24.

54.(c)(6)- No RN monthly visit summary present for July 2024 in Client #1's chart/records.

Maikel Nakamine, RN 9/6/24
Compliance Manager Date
Amli Parikh 9/6/24
Primary Care Giver Date