

Foster Family Home - Deficiency Report

Provider ID: 1-558877

Home Name: Celeste Domingo, RN

Review ID: 1-558877-17

850-A Third Street

Reviewer: Ryan Nakamura

Pearl City HI 96782

Begin Date: 9/17/2024

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: 9/17/2024).

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 evidence of confidentiality/privacy training completed for CG#3, HHM#2, HHM#3, HHM#4.

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(b)(5): No evidence provided by CCFFH of an alternative transportation plan provided for CG#3.

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

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

Comment:

(3P)(b)(1) Fire: No evidence provided by CCFFH of fire drills were conducted monthly while clients resided in CCFFH. No fire drills were conducted since 6/06/2024.

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): Discrepancy noted in 1 of client #1's medication dose administered incorrectly compared to physician order and medication administrative record (MAR).

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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;

Comment:

49.(a)(1): No non-slip surface mat located in shower area of clients' bathroom.

Foster Family Home

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;


54.(c)(8) Personal inventory.


Comment:

54.(c)(5): No daily documentation of client #1's routine medications for month of 09/2024. Routine medications are not listed in client's current MAR.

54.(c)(6): No documentation provided by CCFFH of client #1's daily nursing check list/monitoring flowsheets for current month.

54.(c)(8): No documentation provided by CCFFH of inventory of personal belongings for client #1 and #3.



Compliance Manager


Primary Care Giver

9/17/24

Date
9/17/24

Date