Foster Family Home - Deficiency Report

Provider ID:	4-160092				
Home Name:	Kathleen Pa	ascua	a Domingo,	Review ID:	4-160092-14
74 Puukani Stree	et			Reviewer:	Terri Van Houten
Kahului	ŀ	HI	96732	Begin Date:	9/18/2024

Foster Family Home Required Certificate

6.(d)(1) Comply with all applicable requirements in this chapter; and Comment:

6.(d)(1) - Unannounced CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 10/18/24.

[11-800-6]

42. The CCFFH did not have evidence of a current 1147 for client #1 and client #2. Client #1's 1147 expired 5/2024. Client #2's 1147 expired 4/23.

Foster Family Home	Information Confidentiality	[11-800-16]
16.(b)(3) Inform	clients about their confidentiality practices;	
Comment:		
16.(b)(3) - The CCFFH of practices.	lid not have evidence that Client #1 and	d client #2 (or POA) had copies of the home's confidentiality
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Foster Family	y Home Grieva	ince	[11-800-45]	
45.	present grievances	about the operation or servic	ve policies and procedures by and throu ses of the home. The policies shall inclue the department of health. The home sh	de a provision that a client
45.(1)	Inform the client or in a grievance situ	•	ve of the grievance policies and procedu	res and the right to appeal
45.(2)			and procedures to the client or the client rs of the individuals who shall be contac	
45.(3)	Obtain signed ack procedures were r		t or the client's legal representative that	the grievance policies and
Comment:				

45., 45.(1), 45.(2), 45.(3) - The CCFFH did not have evidence that client #1, and client #2 had received copies of the CCFFH grievance policy.

Foster Family H	lome	Client Account		[11-800-48]	
48.(a)		e shall maintain a written accoun the home.	ting of the client's pe	rsonal funds received and	d expended on the client's
Comment:					

48.(a) - The CCFFH did not have evidence that a record of client personal funds were being monitored/documented for client #2. Last entry was from 2023.

Foster Family Home - Deficiency Report

Foster Family	Home	Client Rights	[11-800-53]
53.(a)	3.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to public when requested.		
Comment:			
53.(a) - The CC	FFH did no	t have evidence that a lis	t of client rights had been provided to client #1, and client #2.
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)(3)	Current copies of the client's physician's orders;
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) - Service plan for client #1 and client #2 did not accurately reflect the care provided. Service plan for client #1 indicated vital signs to be checked daily. Vital signs were being done monthly. Service plan did not include daily blood sugar checks. Client #2 - Service plan indicated vital signs to be checked daily but were being done monthly.

54.(c)(3) - The CCFFH did not have evidence of recent MD medication orders for client #1.

54.(c)(5) - The monthly MARs for client #1 and client #2 did not include caregiver signatures.

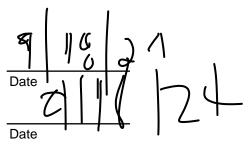
54.(c)(5) - The MAR for client #1 had multiple discrepancies noted. Medications were missing from the September MAR that were ordered in. 2023. There were no current MD orders to verify against the MAR. CG#1 indicated she is using a weekly pill container to administer medications. Medications must be administered from the original container.

54.(c)(6) - The monthly ADL flow sheets for client #1 and client #2 did not include caregiver signatures. The MARs for client #1 and client #2 did not include caregiver signatures.

54(c)(6) - Client #1 did not have evidence that the ADL flow sheet was completed in January 2024, February 2024 or July 2024.

LUCHert
Compliance Manager
Primary Care Giver
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