

Foster Family Home - Deficiency Report

Provider ID: 4-160092

Home Name: Kathleen Pascua Domingo,
NA

Review ID: 4-160092-14

74 Puukani Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 9/18/2024

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 10/18/24.

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 did not have evidence that Client #1 and client #2 (or POA) had copies of the home's confidentiality practices.

Foster Family Home Grievance [11-800-45]

45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:

45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

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 Home Client Account [11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

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

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Client Rights

[11-800-53]

53.(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 the public when requested.

Comment:

53.(a) - The CCFFH did not have evidence that a list 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.



Compliance Manager



Primary Care Giver

9/18/24
Date
9/18/24
Date