

Foster Family Home - Deficiency Report

Provider ID: 1-200018

Home Name: Kyle Therese Villanueva, CNA

Review ID: 1-200018-5

91-868 Haiyu Place

Reviewer: Ryan Nakamura

Ewa Beach

HI 96706

Begin Date: 9/24/2024

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 within 30 days of inspection (inspection date: 9/24/2024).

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.(b)(4): No evidence provided by CCFFH of CG#2 and CG#3 completed a substitute caregiver disclosure form.

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 evidence provided by CCFFH of RN delegation by client #2's case management agency for eye drop medication administration for any caregivers.

Foster Family Home Records [11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

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;

Comment:

54.(b): Documented progress note entries not signed by caregiver for client #1 and #2.

54.(c)(2)(3): Discrepancy noted between frequency of blood sugar checks done for client #1 compared to client's service plan stated to be checked daily and medication administrative record (MAR) stated twice a week and daily. No physician order present in client's chart.

54.(c)(2): No evidence provided of client #2's current service plan addressed that client is under hospice care.

54.(c)(5): Discrepancy noted for one medication for client #2. Medication prescription label and physician order did not match medication administration record.



Compliance Manager



Primary Care Giver

9/24/24

Date

9/26/24

Date