

Foster Family Home - Deficiency Report

Provider ID: 1-160097

Home Name: Lea Daguro, CNA

Review ID: 1-160097-14

2194 Wilson Street

Reviewer: Ryan Nakamura

Honolulu

HI 96819

Begin Date: 10/3/2024

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: 10/03/2024).

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 provided by CCFFH of training completed of CCFFH's confidentiality/privacy for CG#3.

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

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g): No evidence provided by CCFFH of basic caregiver skills were checked by client #1's case management agency for CG#3.

41.(f)(1): Evidence provided by CCFFH of lapse of TB clearance for HHM#1. TB clearance was due by 11/27/2024 and was completed 8/28/2024.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(a)(5) Staff Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months, per 321-483(b)(4)(B) HRS.

Comment:

(3P)(a)(5) Staff: No evidence provided by CCFFH of CG#1 and CG#2 completed minimum 12 hours of annual in-service training in the past 12 months or minimum 24 hours in the past 24 months.

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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 delegations of any tasks were given to CG#3 by client #1's case management agency.

**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

Comment:

(3P)(b)(2) Fire: No evidence provided by CCFFH of fire drills were conducted at different times of the day, evening, and night.

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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): No documentation provided by CCFFH of list of possible side effects of current medications of client #1 and client #2.

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Records

[11-800-54]

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)(3)(5): One medication been administered to client #1 that is not on client's medication list/medication administrative record (MAR). No written physician order present of medication found in client's records.

54.(c)(6): No documentation provided by CCFFH of progress notes of significant events related to change of condition/follow up care of client #1.



Compliance Manager



Primary Care Giver



Date



Date