

Foster Family Home - Deficiency Report

Provider ID: 1-562886

Home Name: Lemelyn Maluyo-Mabuti, CNA

Review ID: 1-562886-17

94-1062 Kahuamoku Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 9/23/2024

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 visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 9/23/24).

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)- CG#1's Ecrim result lapsed on 8/9/24 was renewed on 8/19/24; CG#2's Ecrim also lapsed on 7/13/24 and was renewed on 8/19/24.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#2's TB clearance lapsed on 8/18/24 and no current result was present.

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 RN delegations present for CG#2 in Client #1's chart/records. Also, for Client #2- there were no RN delegations present for CG#1, CG#2, CG#3, and CG#4.

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 nighttime fire drill conducted for the past 12 months.

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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 list of medications' side effects present for Client #1.

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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;

Comment:

54.(c)(2)- Client #1's Service Plan dated 5/6/24 was missing the client's/ POA's signature.

54.(c)(3)- Client #3 was missing the CCFFH MD's Admission Orders.

54.(c)(5)- Client #1's Medication Administration Records from March 2024 thru September 22, 2024, were incomplete-missing signatures. Unknown if medications were administered to client.

Client #2- one daily scheduled medication did not match the medication label and MD's order with the client's Medication Administration Record (MAR).

Maikel Nakamine, RN

Compliance Manager

[Signature]

Primary Care Giver

9/23/24

Date

9/23/24

Date