

# Foster Family Home - Deficiency Report

Provider ID: 1-230002

Home Name: Lyden Botelho, CNA

Review ID: 1-230002-5

1652 Kalauipo Street

Reviewer: Ryan Nakamura

Pearl City HI 96782

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 within 30 days of inspection (inspection date: 9/18/2024).

CCFFH applying to be 3 bed CCFFH.

6.(d)(1): No documentation provided by CCFFH of current 1147 assessment for client #1.

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

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(B)(7): No documentation provided by CCFFH of TB clearance within past 13 months signed by MD/APRN/DO for CG#1.

41.(b)(7): No documentation provided by CCFFH of TB clearance within the past 13 months for CG#3. TB clearance was due by 9/9/2024.

41.(b)(8): No evidence provided by CCFFH of current bloodborne pathogen/infection control training for CG#2. Training was due by 1/08/2024.

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

(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

Comment:

(3P)(a)(4) Staff: No documentation provided by CCFFH of 1 year minimum of work experience for CG#2, CG#3, and CG#4.

## 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 delegations by client #2's case management agency for blood sugar monitoring and subcutaneous injection medication administration for all caregivers.

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## Foster Family Home

## 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.

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(c): No documentation provided by CCFFH of list of side effects for current medications for client #1 and #2.

47.(d)(1): No documentation provided by CCFFH of physician order for use of bed side rails for client #1.

## Foster Family Home

## Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3): Multiple living cockroaches found in kitchen area. Multiple dead cockroaches found in clients' bedrooms.

## 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)(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;

54.(c)(8) Personal inventory.

Comment:

54.(c)(2): No documentation provided by CCFFH of current service plan for client #1. service plan was due by 8/31/2024.

54.(c)(2): Client #1's most recent service plan addressed baths to be given 3-4 times per week. CG#1 disclosed client offered 1-2 baths per week.

54.(c)(2): No signature noted on current service plan dated 3/18/2024. by client #2/responsible party.

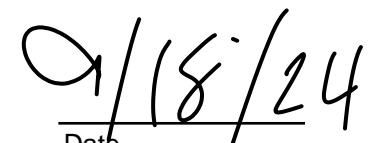
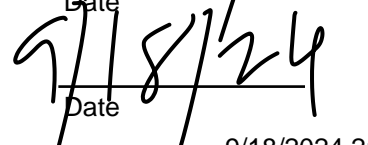
54.(c)(5): 1 medication not documented daily as administer for client #1. Medication is not listed in current month's medication administration record (MAR).

54.(c)(6): Evidence of falsely documentation of nursing care flowsheets. CG#1 disclosed of providing baths 1-2 baths a week for client #1 and once a week to client #2. Documentation provided by CCFFH showed that baths were being documented daily.

54.(c)(8): No documentation provided by CCFFH of inventory of personal belongings for client #2.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date