

# Foster Family Home - Deficiency Report

Provider ID: 1-586703

Home Name: Mary Jane Mades, CNA

Review ID: 1-586703-14

1034 Matzie Lane

Reviewer: Ryan Nakamura

Honolulu

HI 96817

Begin Date: 9/4/2024

## 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: 9/4/2024).

## 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 given by client #1's case management for rectal suppository medication administration for all caregivers.

## Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): No evidence provided by CCFFH of fire drills conducted monthly in the past 12 months. Last fire drill documented by CCFFH dated 9/18/2023.

## 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.(b)(2) Provide information for necessary follow-up care for the client.

54.(c)(5) Medication schedule checklist;

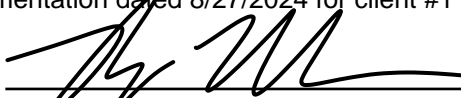
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(b)(2): No documentation provided of progress notes of health events/conditions for client #1 and #2 in the past 12 months.

54.(c)(5): No documentation provided by CCFFH of current month's medication administrative record (MAR) for client #1 and #2. Last documented medication administration dated 8/24/2024 for both clients.

54.(c)(6): No documentation provided by CCFFH of daily documentation of skilled nursing checklist and ADLS for client #1 and #2. Last documentation dated 8/27/2024 for client #1 and 8/24/2024 for client #2.

  
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Compliance Manager

  
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Primary Care Giver

9/4/24  
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Date  
9/4/24  
\_\_\_\_\_  
Date