

Foster Family Home - Deficiency Report

Provider ID: 1-591372

Home Name: Marylo Farinas, CNA

Review ID: 1-591372-17

91-1057 Aeae Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 9/13/2024

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 9/13/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#5.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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(a)(3) No job experience form present for CG#5.

41.b.4. No disclosure form present for CG# 5.

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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 current service plan present for Client#2. Last one in record is dated 7/2023. Also no signatures of POA. No current signature of POA for Client#3 service plan, dated 5/3/2024.

54.(c)(5) No MAR sheet present for Client#3 for September 2024. Client#1 and Client#2 MAR flowsheet was not documented daily. Sheet not completed from 9/10/24 to 9/12/2024.

54(c)(6) ADL flowsheet was not documented daily. Sheet not completed from 9/10/24 thru 9/12/2024. Client # 2 did not have evidence of RN monthly visit notes for 8/2024.

54(c)(8) Client# 1 did not have evidence that a personal inventory log has been initiated and/or maintained.

Compliance Manager

Primary Care Giver

Date

Date