

Foster Family Home - Deficiency Report

Provider ID: 1-598427

Home Name: Mildred Dacoco, CNA

Review ID: 1-598427-15

1931 Waikahe Place

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).

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 work experience form for CG#3.

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.

Comment:

47.(c): No documentation provided of list of possible side effects for client #1, #2, and #3's current medication.

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)(3) Current copies of the client's physician's orders;

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

Comment:

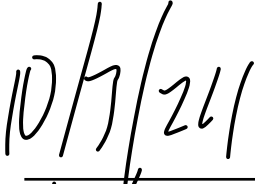
54.(c)(2): No signatures presented on current service plans or previous service plans by client/responsible party for client #1, #2, and #3.


54.(c)(3)(5): Discrepancy noted in written orders for client #2 compared to medication checklist. Medication checklist stated blood sugar checks completed as needed daily. Most recent physician order stated to have blood sugar checks completed three times a week routinely.



Compliance Manager


Primary Care Giver



Date


Date