

Foster Family Home - Deficiency Report

Provider ID: 1-510174

Home Name: Pat Tangonan, CNA

Review ID: 1-510174-17

94-571-A Ana Aina Place

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 10/1/2024

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 10/01/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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) CCFFH did not have evidence of current TB clearance or exclusion for CG#3. CG# 3 TB clearance expired, was due on/before 8/29/2024.

41.(b)(8) CCFFH lapse of current CPR/First Aid training for CG# 3. It was due on/before 10/26/2023, and was completed on 3/16/2024.

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

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) No evidence that a 3-bed sign out sheet was in use at the CCFFH for last month and today 10/1/2024. Last entries is dated on 8/19/2024. CG#1 is off premises and CG#3 is on site. CTA Compliance manager was unable to verify the number of hours CG#3 (NA) worked in a day or week.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year. Last fire drill conducted was on 8/2/2024. CG#2 did not conducted a fire drill for the past 12 months.

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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;

Comment:

54(c)(2) No current signature of POA/OPG for service plan present for Client#1 for 1/8/2024 and 7/4/2024.

54(c)(5) No MAR present for October 2024 for Client#1, #2, and #3.

Client#1 MAR was not documented daily. Sheet not completed from 9/27/2024 to 9/30/24.

Client#2 MAR was not documented daily. Sheet not completed from 8/30/24 to 8/31/2024 and from 9/24/2024 to 9/30/24.

Client#3 MAR was not documented daily. Sheet not completed on 7/31/2024 and from 9/17/2024 to 9/30/24.

54(c)(6) No ADL flow sheet present for Client#1, #2, and #3 for October 2024.


Client#1 ADL and Vital signs flowsheet was not documented daily. Sheet not completed from 9/27/2024 to 9/30/24.

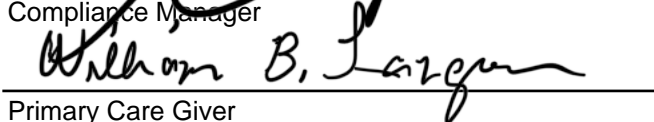
Client#2 ADL and Vital signs flowsheet was not documented daily. Sheet not completed from 9/24/2024 to 9/30/24.

Client#3 ADL and Vital signs flowsheet was not documented daily. Sheet not completed on 7/31/2024 and from 9/17/2024 to 9/30/24.

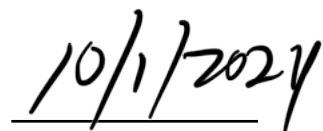
Client #1 did not have evidence of RN monthly visit notes for 6/2024 to 8/2024. Last visit was on 5/24/2024.

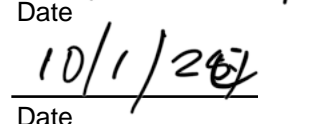
Client #2 did not have evidence of RN monthly visit notes for 8/2024. Last visit was on 7/16/2024.



Compliance Manager


Primary Care Giver



Date


Date