

Foster Family Home - Deficiency Report

Provider ID: 1-120016

Home Name: Wilhelmina Botelho, CNA

Review ID: 1-120016-17

94-570 Niulii Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

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 visit made for a 3-bed recertification inspection.

Deficiency Report emailed to CCFFH with plan of correction due to CTA within 30 days of issuance (issued on 10/2/24).

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

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

41.(j) When the primary caregiver will be absent or unable to perform regular duties, and clients are present, the primary caregiver shall:

41.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

41.(b)(7)- CG#2's TB clearance lapsed on 7/26/24 and no current result was present.

41.(j), (j)(2)- there was no department approved caregiver present in the CCFFH. CTA waited for over an hour at the front door of the CCFFH and observed CG#1 parked her car at the side street and climbed over the CCFFH's side fence. All 3 clients were home alone.

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)Staff- CG#1 was absent from the CCFFH when CTA arrived. No entry was made in the CCFFH's Sign Out/In Form.

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

(3P)(c) Fire The home shall assure that: the client who is bed bound, unable to transfer themselves or unable to make independent decisions about individual safety or otherwise not able to make it to safety in the event of an emergency (non-self preserving) shall have a designated person available at all times capable of evacuating the client

Comment:

(3P)(c)Fire- no designated person was present in the CCFFH for all 3 clients in the event of an emergency. All 3 clients were home alone in the CCFFH for an unknown amount of time.

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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)- Various areas of the CCFFH with household clutters located beyond a connecting doorway blocking emergency exits- living room, kitchen, front and back door stairs, CCFFH's front lanai area, and outside hallways.

Foster Family Home

Quality Assurance

[11-800-50]

50.(b) Adverse events shall be reported

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

50.(e)(2) Inspection of service sites;

Comment:

50.(b)- No Adverse Event form was completed/present for Client #1's multiple decubiti ulcers (buttock & coccyx).

50.(e), (e)(2)- CTA compliance manager waited at the front door to be let in the CCFFH for over an hour.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #3 with strong odor of human urine to clothing during CCFFH inspection/survey.

Foster Family Home

Records

[11-800-54]

54.(c)(1) Client's vital information;

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;

54.(c)(8) Personal inventory.

Comment:

54.(c)(1)- Client #1 without a Facesheet/Vital information form present at the start of the CCFFH survey.

54.(c)(2)- Client #1's Service Plan dated 6/4/24 without the POA's signature. Client #2's Service Plan dated 4/22/24 without the POA's signature.

54.(c)(3)- No MD order present for Client #1's multiple decubiti treatment.

54.(c)(5)- Client #1's Medication Administration Record (MAR) for the month of September 2024 was incomplete; not signed from 9/1/24- 9/18/24 (am).

Client #3- there were 5 medications that were not signed from 9/12/24-9/18/24 (am).

54.(c)(8)- No Personal Inventory completed/present for Client #1.

Maribel Nakamine, RN 10/2/24

Compliance Manager

Date

Wilson

10/2/24

Primary Care Giver

Date