

Foster Family Home - Deficiency Report

Provider ID: 1-240010

Home Name: Mary Jane Medeiros-Garcia,
CNA

Review ID: 1-240010-3

94-1241 Halelehua Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 10/15/2024

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 by within 30 days of inspection (inspection date: 10/15/2024).

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2): Evidence of red light on background check for HHM#2. No result of exemption determined.

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 of topical medication administration for any care givers was given by client #2's case management agency.

Foster Family Home Physical Environment [11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3): Camera/monitor in use in client #2's bedroom. No documentation of consent/acknowledgement of use of camera/monitor signed by client/POA.

Foster Family Home Fiscal Requirements [11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a)(b)(c): No current CCFFH budget or fiscal records (i.e., bank statement) present to show facility's resources.

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Records

[11-800-54]

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)(6): No documentation provided of progress notes of significant events such as emergency room visits or other events for client #1 since admitted to CCFFH.



Compliance Manager



Primary Care Giver

10/15/24

Date

10/15/24

Date