

# Foster Family Home - Deficiency Report

Provider ID: 1-220017

Home Name: Albert Morales, NA

Review ID: 1-220017-7

911-A Lalawai Street

Reviewer: Ryan Nakamura

Wahiawa

HI 96786

Begin Date: 11/4/2024

## 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 within 30 days of inspection (inspection date: 11/04/2024).

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

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).

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(4): No evidence provided by CCFFH of substitute caregiver disclosure completed by CG#3.

41.(b)(8): No evidence provided by CCFFH of CG#3 completed bloodborne pathogen/infection control training.

## 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 of list of side effects of client #1 and #2's current medications.

## Foster Family Home Quality Assurance [11-800-50]

50.(b) Adverse events shall be reported

50.(b)(2) A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).

Comment:

50.(b)(2): No evidence provided by CCFFH of written adverse reports were documented and sent to client #1's case management of ER visits dated 5/13/2024 and 7/16/2024.

## Foster Family Home Client Rights [11-800-53]

53.(b)(16) Shall not have dietary restrictions used as punishment; and

Comment:

53.(b)(16): No supply of vegetables at CCFFH. CG#1 stated that vegetables are stored and prepared at CG#1's spouse's CCFFH prepared and brought to his CCFFH.

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Foster Family Home

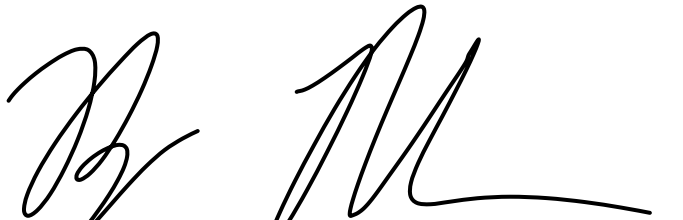
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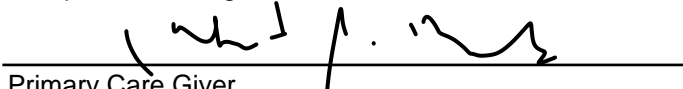
[11-800-54]


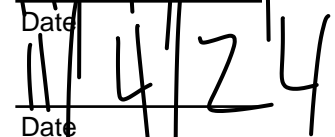
54.(c)(8) Personal inventory.

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Comment:

54.(c)(8): No documentation of inventory of client #1's personal belongings.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

11/4/2024 2:02:32 PM