

Foster Family Home - Deficiency Report

Provider ID: 1-510140

Home Name: Lucrecia Pastor, CNA

Review ID: 1-510140-18

94-392 Haa'a Street

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 11/19/2024

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: 11/19/2024).

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.

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(c): No documentation provided by CCFFH of list of side effects of current medications for client #1, #2, and #3.

47.(d)(1): No evidence provided by CCFFH of physician order for the use of full bed side rails for client #1.

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 documentation of current service plan for client #3. Last service plan was dated 3/30/2024 and was due by 9/30/2024.

54.(c)(5): Evidence of discrepancy regarding 1 medication order listed on client #2's medication administrative record (MAR) compared to medication label on hand.

54.(c)(5): Two medications that were routinely administered not listed in client #2's current medication administrative record (MAR).

54.(c)(6): No evidence provided by CCFFH of client #1's case management RN visits were conducted monthly. No documentation provided for 8/2024, 9/2024, and 10/2024.


Compliance Manager


Primary Care Giver

11/19/24
Date

11/19/24
Date