

# Foster Family Home - Deficiency Report

Provider ID: 1-527252

Home Name: Marietta Faustorilla, CNA

Review ID: 1-527252-15

94-921 Kuhaulua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/26/2024

## 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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 11/26/24).

Client #1's 1147 lapsed on 11/18/24 and no current 1147 in client's chart/records.

## 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;

Comment:

8.(a)(1)- No sex offender search results present for CG#1, CG#2, CG#3, CG#4, and CG#5.

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

41.(a)(1) Reside in the community care foster family home;

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

Comment:

41.(a)(1)- Rental agreement without a provision/clause for CCFFH to operate in property.

41.(b)(7)- CG#1's TB clearance lapsed on 12/12/23 and was not renewed until 9/13/24. CG#3's TB clearance lapsed on 12/13/23 and was not renewed until 9/13/24.

## 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 RN delegations present for CG#1, CG#2, CG#3, CG#4, and CG#5 for Client #1's wounds treatment.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- No nighttime fire drill conducted; CG#2 without evidence of having conducted a monthly fire drill for the past 12 months.

## 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;

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(c)- No list of medications' side effects present for Client #1.

47.(d), (d)(1), (d)(2)- Client #1's full bedrails without an MD's order and were not addressed in client's current Service Plan (6/30/24).

## Foster Family Home

## Physical Environment

[11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(2)- No grab bar near clients' toilet.

49.(c)(3)- Client #1's window latch (bottom right) was broken; unable to open the jalousies inhibiting fresh air to enter/circulate in client's bedroom.

49.(c)(3)- Client #2's closet doors very difficult to slide/open; left door unable to open.

## Foster Family Home

## Quality Assurance

[11-800-50]

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

Comment:

50.(e)(2)- CG#1 got upset and raised voice at CTA compliance manager during CCFFH inspection of clients' bedroom windows (broken latch) and closet doors (difficult to open). CG#1 stated, "you can cite me whatever you want!".

# Foster Family Home - Deficiency Report

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 signature of client/POA in Client #1's Service Plan dated 6/30/24.
- 54.(c)(5)- one of Client #2's medication dose was transcribed as 40 ml in the client's Medication Administration Record (MAR). MD's order and medication's label were for 10 ml.
- 54.(c)(6)- No monthly RN Visit Summary present for Client #1 for the months of August 2024, September 2024, and October 2024.
- 54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet for the month of November 2024 was incomplete. Last signed on 11/20/24.

*Maribel Nakamine, RN*

Compliance Manager

*m. Austrovilla*

Primary Care Giver

*11/26/24*

Date

*11/26/24*

Date