

Foster Family Home - Deficiency Report

Provider ID: 1-623555

Home Name: Nicerita Rabut, CNA

Review ID: 1-623555-17

44-781 Kaneohe Bay Drive

Reviewer: Ryan Nakamura

Kaneohe HI 96744

Begin Date: 11/12/2024

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:11/12/2024).

6.(d)(1): No documentation provided of current 1147 assessment for client #1.

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)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

Comment:

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

47.(d)(3): CTA inspected client #1's room and seen commode and wheelchair blocking client's path from safely exiting bed. Obstruction may cause increased risk of falls.


Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5): Discrepancy noted regarding dose of 2 medications on medication label compared to client #2's medication administrative record (MAR)/medication list.

54.(c)(5): One medication is not listed in client #2's MAR/medication list that has been administered.



Compliance Manager
Nicerita Rabut

Primary Care Giver

11/12/24

Date
11/12/24

Date