

Foster Family Home - Deficiency Report

Provider ID: 1-220022

Home Name: Kathyrine Joy Prado, NA

Review ID: 1-220022-10

94-419 Kahualena Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 1/9/2025

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 1/9/25).

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

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

Comment:

41.(b)(8)- CG#2's bloodborne pathogen and infection control training lapsed on 4/23/24 and was not renewed on 1/7/25.

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 delegation present for Client #1's foley catheter care for CG#1, CG#2, and CG#3.

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.

Comment:

46.(a)- No nighttime fire drill conducted for the past 12 months.

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

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

Comment:

49.(c)(3)- Client #2's bedroom closet door was broken- difficult to open.

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Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2 and CG#3 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home

Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

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

Comment:

54.(b)- No documentation present for Client #1's change in medical condition/Adverse Event.

54.(c)(5)- Client #1's Medication Administration Record (MAR) with discrepancies- there were 6 medications that didn't match when compared to MD's list/orders and medications' labels. There were 3 medications that were not available. One medication was not transcribed in the client's MAR. One twice a day scheduled medication was incomplete- no signatures from 11/28/24-12/30/24 and 1/7/25- 1/9/25 (am dose).

Maibebel Nakamine, RN

Compliance Manager

Kathyrne Park

Primary Care Giver

1/9/25

Date

1/9/25

Date