

Foster Family Home - Deficiency Report

Provider ID: 1-180073

Home Name: Medy Madrid Simmons, NA

Review ID: 1-180073-15

86-365 Kawaii Street

Reviewer: Maribel Nakamine

Waianae

HI

96792

Begin Date: 7/18/2025

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 7/18/25).

6.d.1- Client #1 without an 1147 form in chart/records.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

Comment:

41.(a)(3)- No Job Experience form completed by CG#1.

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)- CG#1, CG#2, CG#3, and CG#4 were without evidence of having been delegated with Client #1's foley care. CG#7 without an RN delegation for oral medication administration for Client #2.

Foster Family Home	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#7 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home - Deficiency Report

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 caregiver's/writer's signatures after each dated entry in Client #1's progress/observation notes.

54.(c)(5)- Medication dosage discrepancy noted on Metoprolol medication for Client #2. Metoprolol bottle label was 25 mg and MD's list was 25 mg. Medication administration Record (MAR) was written for 50 mg. Atorvastatin medication was not written/listed in Client #2's MAR.

Maibeli Nakamine, RN

Compliance Manager

NA

Primary Care Giver

7/18/25

Date

7/18/25

Date