

Foster Family Home - Corrective Action Report

Provider ID: 1-160030

Home Name: Leoven Deloso, NA

Review ID: 1-160030-10

94-502 Kahualena Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/19/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 4/19/2021.

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1's APS/CAN lapsed on 12/4/2020 and no current result present. HHM#2 without APS/CAN/Fingerprinting result present in the CCFFH binder.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for CG#2 and HHM#2.

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

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

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7)- CG#1's TB clearance lapsed on 6/6/2020 and no current result present in the CCFFH binder.

41.(b)(8)- CG#1's Bloodborne pathogen and infection control training lapsed on 3/20/20 and no current renewal present in the CCFFH binder.

41.(c)- No annual in service hours present for CG#1 and CG#2.

41.(f)(1)- No TB clearance result present for HHM#2 in the CCFFH binder.

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Foster Family Home	Client Care and Services	[11-800-43]
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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 in Client #2's chart for CG#2 on Oral Medication Administration.

Foster Family Home	Fire Safety	[11-800-46]
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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 monthly fire drill present in the CCFFH binder for the past 12 months. CG#2 without evidence of conducting a monthly fire drill for the past 12 months.

Foster Family Home	Medication and Nutrition	[11-800-47]
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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.

Comment:

47.(c)- No list of medication side effects present in Client #1's chart.

Foster Family Home	Physical Environment	[11-800-49]
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49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1)- no non-slip bath mat/rubber mat present in clients' bathroom shower floor.

Foster Family Home	Insurance Requirements	[11-800-51]
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51.(a)(1) General;

Comment:

51.(a)(1)- CCFFH's general liability insurance policy expired on 1/1/2021; no current renewal present in the CCFFH binder.

Foster Family Home	Fiscal Requirements	[11-800-52]
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52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a),(b),(c)- No monthly budget for the past 12 months. CG#2 unable to provide a copy of CG#1's current bank savings/checking account statement.

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Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #2's bedroom doorknob has no lock from the inside to provide for client's privacy.

Foster Family Home

Records

[11-800-54]

54.(a)(3) A list of applicable community resources.

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;

54.(c)(8) Personal inventory.

Comment:

54.(a)(3)- No list of community resources present in the CCFFH's binder.

54.(c)(5)- Client #1's Medication Administration Record was last signed on 3/16/2021; there were 2 medications' labels that did not match with the MD's orders and the Medication Administration Record.

54.(c)(6)- ADL/Daily Care Flowsheet for Client #1 was last signed on 3/16/2021.

54.(c)(8)- Personal Inventory Checklist for Client #1 was blank.

Maikel Nakamine, M 3/19/2021
Compliance Manager Date

SCG delos 3/19/2021
Primary Care Giver Date