

# Foster Family Home - Deficiency Report

Provider ID: 1-090093

Home Name: Cristina M. Wilson, CNA

Review ID: 1-090093-11

470 Iliwai Drive

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 7/15/2021

## 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 3 person CCFFH completed.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 8/15/2021.

## 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)- HHM#2's APS/CAN/Fingerprinting lapsed on 9/12/2020 and no current result present. CG#1's APS/CAN lapsed on 6/25/2021 without a current result present.

## 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.

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- CG#2 without evidenced of conducting 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.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

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

47.(e)- No training present for CG#1, CG#2, and CG#3 on Client #1 and Client #2's [REDACTED]

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

49.(b)(2)      Be limited to two clients, both of whom shall consent to the arrangement; and

Comment:

49.(b)(2)- HHM#2 was sharing in the same bedroom with Client #1.

**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 without evidenced of having been trained with the CCFFH's Emergency Preparedness Plan.

**Foster Family Home      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 door lock was on the outside; per My Choice My Way, bedroom door lock should be on the inside to private for client's privacy.

**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)- Client #1's Service Plan dated 4/9/2021 had no signature of client/POA.

54.(c)(5)- Client #1 and Client #2's Medication Administration Records (MAR) were last signed on 7/7/2021. One of Client #2's medications did not match the MD's order and medication bottle's label with the MAR.

54.(c)(6)- Client #1 and Client #2's ADLs/Daily Care Flowsheet were last signed on 7/7/2021.

54.(c)(6)- Monthly RN Visit Summary for Client #1- missing for 12/2020, 1/2021, 2/2021, and 5/2021.

*Maribel Nakamine, RN*      7/15/2021

Compliance Manager

*[Signature]*

Primary Care Giver

Date

*7/15/2021*

Date