

Foster Family Home - Deficiency Report

Provider ID: 1-511578

Home Name: Juliana Domingo, CNA

Review ID: 1-511578-10

94-231 Kahuamo Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/22/2021

Foster Family Home	Required Certificate	[11-800-6]
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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 8/22/2021.

Foster Family Home	Background Checks	[11-800-8]
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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 and HHM#3 without APS/CAN/Fingerprinting results in the CCFFH binder. CG#3's Ecrim lapsed on 1/6/2020 and renewed on 1/31/2020. CG#4's APS/CAN lapsed on 10/15/2020 and no current renewal present in the CCFFH binder.

Foster Family Home	Information Confidentiality	[11-800-16]
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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, CG#3, CG#4, HHM#2, and HHM#3.

Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

- 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.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

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

Comment:

- 41.(b)(4)- No Substitute Caregiver Disclosure Form completed by CG#2.
- 41.(b)(7)- CG#3's TB clearance expired on 12/30/2020 and no current renewal present.
- 41.(b)(8)- CG#3's Bloodborne pathogen and infection control certification lapsed on 1/17/2020 and CG#4's lapsed on 1/11/2021; both had no current renewals present.
- 41.(c)- CG#2 was short of 4 hours of annual in service training; CG#3 was short of 6 hours.
- 41.(e)- No substitute caregiver approval present in the CCFFH binder for CG#2.
- 41.(f)(1)- HHM#2 and HHM#3 were without any results of TB clearances.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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- (3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

- (3P)(b)(2)Staff- No completed Sign In/Out Forms for the past 12 months.

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 for CG#3 and CG#4 on [REDACTED] for Client #3.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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- (3P)(b)(1) Fire shall be conducted monthly

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

Comment:

- (3P)(b)(1),(6)Fire- No monthly fire drill completed for the past 12 months. CG#2, CG#3, CG#4 without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home - Deficiency Report

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.

Comment:

47.(c)- MD's order of one of Client #1's medications was not updated in the Medication Administration Record and medication's dosage did not match the MD's order which resulted in wrong dosage of medication that had been administered to client since MD's order dated 2/22/2021 till present.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

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

Comment:

49.(a)(4)- Emergency exit door located in Client #1's door which led to clients' ramp was obstructed with multiple chairs, a roll of carpet, a skateboard, etc. preventing a clear pathway for a wheelchair to safely pass through in the event of an emergency.

49.(c)(3)- there were multiple cockroaches (infestation) crawling on the kitchen counter, dining table, floors, CG#1's chart, Clients' charts, etc.

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:

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(a)- CG#3 and CG#4 were without evidence of having trained with the CCFFH's Emergency Preparedness Plan.
50.(e)- No doorbell/buzzer outside of CCFFH's gate; CTA/agency without means of communication with the CCFFH.

Foster Family Home

Fiscal Requirements

[11-800-52]

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 completed for the past 12 months.

Foster Family Home - Deficiency Report

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;

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(9)- Clients' shared bathroom was missing a door.

53.(b)(15)- CCFFH with visiting hours of 9:00am-5:00pm. Under the My Choice My Way, visiting should not be restricted.

Foster Family Home

Records

[11-800-54]

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

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

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;

54.(c)(8) Personal inventory.

Comment:

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

54.(b)(1)- CG#1's and Client #1, Client #2, and Client #3's charts/records were in disarray/missing documents making it difficult and time consuming for CTA/Agency to review.

54.(c)(2)- Client #3's Service Plan dated 5/11/2021 without signature of either Client/POA.

54.(c)(5)- Multiple medications discrepancies noted for Client #1, Client #2, and Client #3.

Client #1- there were 4 lifesaving medications that were not transcribed in the Medication Administration Record(MAR). Two lifesaving medications' label did not match the MD's orders and the MAR.

Client #2- MAR was last signed on 7/8/2021. One lifesaving medication was not transcribed in the MAR.

Client #3- MAR was last signed on 7/18/2021.

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

54.(c)(8)- No completed Personal Inventory Record of Client #1.

Shirley Makemie, RN 7/22/2021

Compliance Manager

Date

[Signature]

Primary Care Giver

Date

7/22/2021