

Foster Family Home - Deficiency Report

Provider ID: 1-180063

Home Name: Karen Tulay, CNA

Review ID: 1-180063-7

99-045 Ohiaku Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 7/9/2021

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.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 8/9/2021.

CG#1 requests to increase from a 2 client to a 3 client CCFFH.

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 9/5/19 and renewed on 5/15/2021.

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.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(8)- No first aid certification for CG#3. Blood borne pathogen and infection control certification was missing for CG#5.

41.(g)- No Basic Skills Checklist completed for CG#5 on Client #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)- No RN delegation on [REDACTED] administration for CG#5 on Client #1. For Client #2- no RN delegation on [REDACTED] administration.

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

- 47.(d) Use of physical or chemical restraints shall be:
- 47.(d)(1) By order of a physician;
- 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.(d), (d)(1)- No written MD order on Client #1's [REDACTED]
47.(e)- No training present on Client #1's [REDACTED] current [REDACTED] r CG#1, CG#2, CG#3, CG#4, and CG#5.

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

- 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 surface/rubber mat present in clients' shower.

Foster Family Home Quality Assurance [11-800-50]

- 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.(e)- No doorbell/buzzer/intercom noted on the outside gate of the CCFFH for means of communication.

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;

Comment:

54.(c)(2)- No signature of client/POA on Service Plan dated 1/26/2021 for Client #1.

Maribel Nakamie, M

Compliance Manager

Primary Care Giver

7/9/2021

Date

7/9/2021

Date