

Foster Family Home - Deficiency Report

Provider ID: 2-200032

Home Name: Carmela Santiago, CNA

Review ID: 2-200032-4

16-1331 Pohaku Circle

Reviewer: Terri Van Houten

Kea'au HI 96749

Begin Date: 9/22/2021

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:

6.(d)(1) - Unannounced home inspection for 2 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 10/22/2021.

Foster Family Home	Personnel and Staffing	[11-800-41]
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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#2 lapse in TB clearance.

41.(b)(8) - CG#2 lapse in bloodborne pathogen/infection control training.

41.(c) - CG#1 did not have evidence that 8 hours of training has been completed in the last 12 months.

41.(f)(1) - HHM#2 lapse in TB clearance

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) - RN delegation for client #1 was not signed by CG#1 or CG#2

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.

Comment:

46.(a) - CCFFH did not have evidence of fire drills completed monthly.

Foster Family Home - Deficiency Report

Foster Family Home**Client Account****[11-800-48]**

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a) - CCFFH did not have evidence that a written account for client #1 and client #2's personal funds is being maintained.

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

49.(e) The home shall have policies regarding smoking on the property that:

Comment:

49.(e) - CCFFH did not have evidence of a smoking policy

Foster Family Home**Client Rights****[11-800-53]**

53.(b)(11) Have the right to associate and communicate privately with persons of the client's choice, and to send and receive personal mail and items unopened;

Comment:

53.(b)(11) - Client #1, client #2 and bathroom did not have ability to lock the door for privacy. Per federal guidelines "My Choice, My Way", client areas need to have a door which can lock.

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)(3) Current copies of the client's physician's orders;

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:

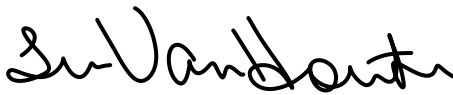
54.(c)(2) - Client #2's service plan was not signed by the client or POA.

54.(c)(3) - Client #1 did not have a copy of physician orders since date of admission [REDACTED]

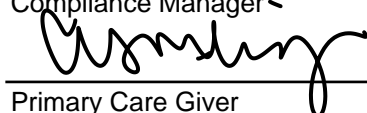
54.(c)(5) - MAR for client #1 and client #2 was last signed on 9/15/21. Medication discrepancy for client #2-MAR did not match the prescription bottle.

54.(c)(6) - ADL Flow sheets for Client #1 and client #2 were last documented on 9/15/21.

54.(c)(8) - Personal belongings log was not completed for client #1 or client #2



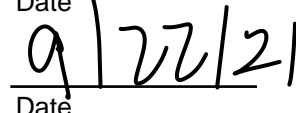
Compliance Manager



Primary Care Giver



Date



Date