

# Foster Family Home - Deficiency Report

Provider ID: 2-636079

Home Name: Deanna Greig, CNA

Review ID: 2-636079-12

15-1587 Naupaka St, 23rd Street

Reviewer: Terri Van Houten

Keaau HI 96749

Begin Date: 10/5/2021

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

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

Comment:

6.(d)(1) - Unannounced home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 11/4/2021.

## 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;

Comment:

8.(a)(1) - CG#1 pending exemption

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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)(5) - CCFFH did not have an alternate transportation plan for CG#5

41.(g) - CCFFH did not have evidence of basic skills checklist for Client #1 for CG#1 and CG#5

## 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) - CCFFH did not have evidence of signed RN delegations for Client #1 for CG#1 and CG#5

## 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 - No evidence that CG#5 has completed a fire drill in the last 12 months

# Foster Family Home - Deficiency Report

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) - CCFFH did not have evidence of an emergency management plan

Foster Family Home

Records

[11-800-54]

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

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.(a)(3) - CCFFH did not have evidence of a Senior Resource List

54.(c)(2) - No service plan present for Client #1 for January 2021

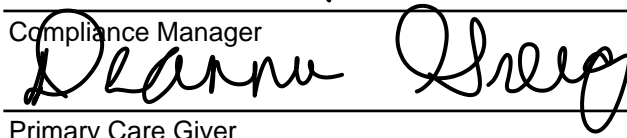
54.(c)(5) - MAR for Client #1 and Client #2 were incomplete. Several months were not labeled with client ID/Name, missing month/date, and CG signature. Medication discrepancies noted.

54.(c)(6) - ADL Flowsheet for Client #1 and Client #2 were incomplete. Several months were not labeled with client ID/Name, missing month/date, and CG signature.

54.(c)(6) - Monthly RN notes indicated that the MAR was checked and complete, but several months were incomplete.



Compliance Manager



Primary Care Giver

10/5/21

Date

10/5/21

Date