

# Foster Family Home - Deficiency Report

Provider ID: 2-559122

Home Name: Esmeralda Miyazaki, CNA

Review ID: 2-559122-10

668 D. Wainaku Avenue

Reviewer: Terri Van Houten

Hilo HI 96720

Begin Date: 9/20/2021

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 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 10/20/2021.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(3) Inform clients about their confidentiality practices;

Comment:

16.(b)(3) - The CCFFH did not have evidence that Client #1's POA was told about the confidentiality practices.

# Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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- 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.

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- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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- 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.

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- 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.

Comment:

- 41.(a)(3) - CG#2 and CG#3 did not have evidence of work experience in their file.
- 41.(b)(5)- CCFFH did not have a copy of current vehicle insurance on file.
- 41.(b)(7) - CG#3 did not have evidence of a current TB clearance in their file.
- 41.(b)(8) - CG#1, CG#2, and CG#3 did not have evidence of current CPR/First Aid training on file. Documents expired 9/2020
- 41.(b)(8) - CG#1, CG#2, and CG#3 did not have evidence of current bloodborne pathogen and Infection Control training on file.
- 41.(c) - CG#1, CG#2, and CG#3 did not have evidence of 12 hours of annual training on file.
- 41.(e) - CG#3 did not have a current state issued ID on file.

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.

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- (3P)(b)(4) Staff To maintain your three person certificate all of your caregivers must meet the requirements of an SCG working more than 3 hours in the home even if you only have one client.

Comment:

- (3P)(b)(2) Staff - CCFFH did not have evidence of a 3 client sign out log in place.
- (3P)(b)(4) Staff - CG#2 did not have a current CNA certificate on file. CNA Certificate expired [REDACTED]

# Foster Family Home - Deficiency Report

## 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.

43.(c)(5)(B) Encouragement of client independence as much as possible; and

Comment:

43.(c)(3) - RN delegations for [REDACTED] and [REDACTED] were not signed by CG#1, CG#2, or CG#3

43.(c)(5)(B) - CCFFH did not provide client access to food and drink on the ground floor of the facility.

## Foster Family Home

## Grievance

[11-800-45]

45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:

45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45., 45.(1), 45.(2) and 45.(3) - Client #1 did not have evidence that the CCFFH grievance policy was provided to or signed by the client/POA.

## 3 Person Fire Safety, Natural Disaster

## 3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(c) Fire The home shall assure that: the client who is bed bound, unable to transfer themselves or unable to make independent decisions about individual safety or otherwise not able to make it to safety in the event of an emergency (non-self preserving) shall have a designated person available at all times capable of evacuating the client

(3P)(d) Fire All caregivers and designated individuals must have been trained to implement appropriate emergency procedures in the event of a fire, natural disaster or other emergency.

Comment:

(3P)(b)(1) Fire - CCFFH did not have evidence of monthly fire drills being conducted. Only documented fire drill is from 5/2020.

(3P)(c) Fire and (3P)(d) Fire - CCFFH has two clients who are [REDACTED]. Upon my arrival, one CG was present and was unable to explain how he would evacuate both clients in the event of a fire.

## 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) - CCFFH did not have evidence that a list of medication side effects were present for Client #1

# Foster Family Home - Deficiency Report

## Foster Family Home

## Physical Environment

[11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

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

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

Comment:

49.(b)(3) - Client #1, 2, and 3 have bedrooms on the ground level and the CG's bedroom is upstairs. None of the clients have a working method to call for assistance. Client #1 has a [REDACTED] [REDACTED] at the [REDACTED], but the [REDACTED] is not working in the CG's upstairs area.

49.(c)(3) - CCFFH had a freezer located in the client living area which was frozen shut. Once opened, the freezer has a large amount of ice accumulated.

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

## Foster Family Home

## Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2) - CCFFH did not have evidence of current vehicle insurance

## Foster Family Home

## Fiscal Requirements

[11-800-52]

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.

Comment:

52.(b) - CCFFH did not have evidence of monthly budget. Last budget documentation was from 2019.

## Foster Family Home

## Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

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

Comment:

53.(a) - The CCFFH did not have evidence that the list of client rights was provided to Client #1

53.(b)(15) - CCFFH did not have evidence of visiting hours.

53.(b)(15) - Client #1 has a lock on his bedroom door which has been covered with tape to prevent it from being locked.

# Foster Family Home - Deficiency Report

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 applicable community resources on file.

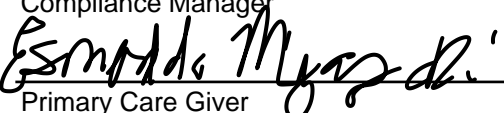
54.(c)(2) - Client #1 did not have a current service plan on file, Client #2 was missing the service plan from 4/2021 and client #3's recent service plan was not signed by the client and was missing from 3/2021.

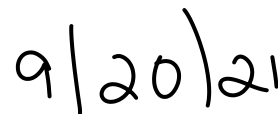
54.(c)(5)- Medication discrepancies for Client #1, client #2 and client #3. No documentation on the medication administration record for client #1, client n#2 and client #3 since 9/6/2021. All clients will need a medication review. CG to work with CMA to determine if medication errors have occurred.

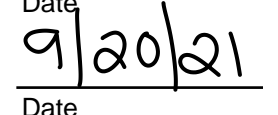
54.(c)(6) - No documentation on the ADL flow sheets for client #1, client n#2 and client #3 since 9/6/2021.

54.(c)(6) - RN monthly visit notes missing from 6/21, 5/21, and 3/21 for client #

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
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Date

  
\_\_\_\_\_  
Date