

Foster Family Home - Deficiency Report

Provider ID: 2-583212

Home Name: Jopher Salom, CNA

Review ID: 2-583212-10

1335 Kaiwiki Road

Reviewer: Terri Van Houten

Hilo HI 96720

Begin Date: 10/7/2021

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 11/6/2021.

The issue of No approved Caregiver Present will be addressed under separate cover. Please continue to address your Corrective Action Report and submit by the due date specified on your CAR.

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) - CG#5 did not have a copy of their 2019 fingerprints and was missing their eCrim for 2020.

8.(a)(2) - CG#3 and CG#5 had lapse in APS/CAN. CG#3 expired 6/6/21, CG#5 was missing results from 2019.

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.(j) When the primary caregiver will be absent or unable to perform regular duties, and clients are present, the primary caregiver shall:

41.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

41.(b)(5) - CCFFH did not have evidence of an alternate transportation plan for CG#2, #4 or #5

41.(j), 41.(j)(2) - Unapproved CG was present at the CCFFH at the time of my arrival. (Individual is under 18 years old)

Foster Family Home - Deficiency Report

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

- (3P)(a)(1) Staff An updated Application Form including an updated Disclosure Form.
- (3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.
- (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)(a)(1) Staff - CG#1 did not have a disclosure form present in binder.
- (3P)(a)(4) Staff - CG#2 did not have a current CNA certificate on file (Expired 8/31/21)
- (3P)(b)(2) Staff - CCFFH did not have evidence of a 3 client sign out record in place

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) - Unable to locate RN delegations for client #2

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

- (3P)(a) Fire The home shall have a written plan of evacuation and safe care of the client away from the home in case of a fire, natural disaster or other emergency. The plan shall be:
- (3P)(b)(1) Fire shall be conducted monthly
- (3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

- (3P)(a) Fire - CCFFH did not have a written plan of evacuation and safe care in the event of a fire.
- (3P)(b)(1) Fire, (3P)(b)(6) Fire - CCFFH did not have records of fire drills conducted prior to January 2021. No evidence that CG#2 or CG#5 has conducted a fire drill in the last 12 months.

Foster Family Home

Medication and Nutrition

[11-800-47]

- 47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.

Comment:

- 47.(b) - CCFFH did not have evidence that the medications are regularly monitored for Client #1

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) - No evidence of a client account record for tracking of the allowance for Client #1.

Foster Family Home

Physical Environment

[11-800-49]

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

49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

49.(a)(6) A means of unobstructed travel from the client's bedroom to the outside of the dwelling at street or ground level.

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.(a)(4) - CCFFH has an external ramp which is located at the designated exit in the event of a fire for Client #2. This ramp is too steep and is unsafe to use for clients in a wheel chair. (Repeat violation from 2020 inspection.)

49.(a)(5) - CCFFH has clients located on separate levels of the residence. The downstairs area did not have a working smoke detector. (Smoke detector was sitting on the desk without a battery installed. Fire extinguisher is located on the wall behind a planter and clutter making it difficult to access.

49.(a)(6) - CCFFH has significant clutter in all areas which is blocking a path of egress to the outside of the home.

49.(b)(3) - Client #1's bedroom is downstairs from the CG living space. The client does not have access to a telephone or call bell. At the time of my arrival, the unapproved CG was in the shower and the other CGs were not within the home or on the property.

49.(c)(3) - The CCFFH has several areas of mildew stains noted on the ceilings throughout the upstairs area. The downstairs area of the CCFFH which is where client #1 resides appears unkempt with broken floor tiles, rusted bathroom sink, and clutter.

49.(e) - The CCFFH did not have a current smoking policy

3 Person Physical Environment

3 Person Physical Environment

(3P) Env.

(3P)(c)(2) Env. the room must be adequate for socialization and dining by the clients, preferably with the family

Comment:

(3P)(c)(2) Env. - CCFFH does not have an area for residents that is adequate for socializing or dining. Client #1 is located downstairs and the common area is upstairs. The dining table is cluttered prohibiting eating at the table.

Foster Family Home - Deficiency Report

Foster Family Home

Quality Assurance

[11-800-50]

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

50.(e)(1) - CCFFH binder and client records in disarray inhibiting the inspection. Many documents were misfiled in the wrong client records or were missing all together.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence that a current liability policy is in place.

Foster Family Home

Client Rights

[11-800-53]

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

Comment:

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

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

- 54.(c)(1) Client's vital information;
- 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)(4) Client's emergency management procedures;
- 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.(c)(1) - Client #2 did not have a legible face sheet.
- 54.(c)(2) - Service plans were missing for client #1 and client #2.
- 54.(c)(3) - Physician orders were not present in the charts for client #1 and client #2
- 54.(c)(4) - Client #1 did not have evidence of specific emergency procedures.
- 54.(c)(5) - Medication discrepancies noted for client #1 and client #2. (Missing prescriptions for client #1 and MAR did not match current prescription bottles for client #2)
- 54.(c)(6) - Monthly RN notes were missing from Client #1 and Client #2's records.



Compliance Manager



Primary Care Giver

10/7/21

Date

10/7/21

Date