

# Foster Family Home - Deficiency Report

Provider ID: 2-000004

Home Name: Leonor Malvar, CNA

Review ID: 2-000004-12

16-1325 35th Avenue Pohaku  
Drive

Reviewer: Terri Van Houten

Keaau HI 96749

Begin Date: 9/24/2021

## 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 10/22/2021.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(3) Inform clients about their confidentiality practices;

Comment:

16.(b)(3) - Client #1 did not have evidence that the home confidentiality practices were told to the client/POA

# Foster Family Home - Deficiency Report

**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.

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- 41.(b)(5)(C)(i) Have a valid driver's license;

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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.

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- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

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- 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) - CG#1 did not have a current driver's license on file.
- 41.(b)(5)(C)(i) - CG#2 did not have evidence of a valid state driver's license of state ID
- 41.(b)(8) - CG#1 and CG#2 did not have current CPR, First Aid, or Bloodborne pathogen/Infection control training on file.
- 41.(c) - CG#1 and CG#2 did not have evidence of 12 hours of annual training on file.
- 41.(e) - CG#2 did not have evidence of a current ■ G approval form on file.
- 41.(f)(1) - HHM#1 lapse in TB clearance. Expired 2/6/21.
- 41.(g) - Basic skills delegations were not signed by CG#1 or CG#2 for client #1.

**3 Person Staffing**

**3 Person Staffing Requirements**

**(3P) Staff**

- (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.

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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.

Comment:

- (3P)(a)(4) Staff - CG#2 had lapse in CNA certificate. Expired 2/28/21
- (3P)(b)(2) Staff - CCFFH did not have evidence of a 3 client sign out record.

# Foster Family Home - Deficiency Report

<b>Foster Family Home</b>	<b>Client Care and Services</b>	<b>[11-800-43]</b>
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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 delegations were not signed by CG#1 or CG#2 for client #1

<b>Foster Family Home</b>	<b>Grievance</b>	<b>[11-800-45]</b>
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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),45.(3) - CCFFH did not have evidence that grievance policy was reviewed with and provided to client #1/POA.

<b>3 Person Fire Safety, Natural Disaster</b>	<b>3 Person Fire Safety</b>	<b>(3P) Fire</b>
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(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(4) Fire shall include testing of smoke detectors

Comment:

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

(3P)(b)(4) Fire - Smoke detectors in the CCFFH did not have batteries.

<b>Foster Family Home</b>	<b>Medication and Nutrition</b>	<b>[11-800-47]</b>
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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) - Client #1: No evidence of medication side effects were present on file.

<b>Foster Family Home</b>	<b>Client Account</b>	<b>[11-800-48]</b>
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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) - Client #1: No evidence that CCFFH is maintaining a personal funds log for Client #1.

# Foster Family Home - Deficiency Report

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

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

Comment:

50.(e), 50.(e)(1) - CCFFH records were incomplete. CCFFH binder, client #1 and client #2's records did not have recent documentation available for review.

Foster Family Home	Insurance Requirements	[11-800-51]
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51.(a)(1) General;

51.(a)(2) Automobile; and

Comment:

51.(a)(1) - CCFFH did not have evidence of current liability insurance.

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

Foster Family Home	Fiscal Requirements	[11-800-52]
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52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

52.(a) - CCFFH did not have evidence of maintaining a monthly budget.

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

Comment:

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

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

- 54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:
- 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.(b) - No evidence of CG progress notes present in the file for Client #1

54.(c)(2) - Client #1 service plan is missing from January 2021. Client #2 service plan missing from December 2020 and June 2021. The last service plan on record was not signed by the client/POA.

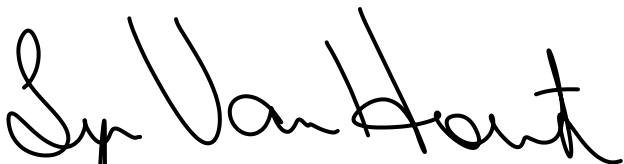
54.(c)(3) - No evidence of MD orders for client #1.

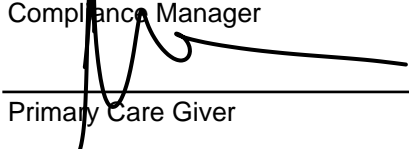
54.(c)(5) - CCFFH lacks current MAR for client #1 and client #2. Client #1's last MAR was charted on 1/26/21. Client #2's last MAR was from 10/2020.

54.(c)(6) - CCFFH lacks current ADL flowsheet for client #1 and client #2. Client #1's last ADL flowsheet was charted on 1/26/21. Client #2's last ADL Flowsheet was from 6/2020.

54.(c)(6) - CCFFH did not have evidence of monthly RN visit notes. Client #1's last note was from February 2021. Client #2's last note was from August 2020

54.(c)(8) - No evidence that a personal inventory log was completed for client #1

  
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Compliance Manager

  
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Primary Care Giver

9/22/21  
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Date  
09.22.21  
\_\_\_\_\_  
Date