

Foster Family Home - Deficiency Report

Provider ID: 1-160080

Home Name: Liezl Casido, NA

Review ID: 1-160080-8

94-501 Kipou Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 9/2/2021

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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 10/2/2021.

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;

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), (2)- APS/CAN/Fingerprinting lapsed for CG#3 1/8/2019 and no current APS/CAN/Fingerprinting present in the CCFFH binder.

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.(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.

Comment:

41.(b)(5)- CG#8's ID expired on 1/27/2019.

41.(b)(7)- CG#1's TB Clearance expired on 11/1/2020; CG#6's expired on 1/14/2021; CG#7's expired on 11/29/2020; CG#8's expired on 10/31/2019. All were without current TB clearances present in the CCFFH binder.

41.(b)(8)- CPR and First Aid certification training expired on 5/26/2020 for CG#1; CG#3, CG#4, CG#5, CG#6 and CG#7's all expired on 9/1/2020; and CG#8's expired on 10/26/2020. All were without current CPR/First Aid present in the CCFFH binder.

41.(b)(8)- Blood borne pathogen and infection control certification training lapsed for CG#7 on 11/5/2020. No current certificate present in the CCFFH binder.

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Foster Family Home	Client Care and Services	[11-800-43]
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43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

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.(b)- No 2nd bedroom available for 2nd client in the CCFFH; all bedrooms were occupied by family members. CCFFH is currently licensed for 2 Clients.

43.(c)(3)- No RN delegations present for CG#8 on Client #1.

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)- Last conducted monthly fire drill was on 12/26/2020.

Foster Family Home	Physical Environment	[11-800-49]
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49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1)- No non-slip surface/rubber mat present in the clients' shower.

Foster Family Home	Quality Assurance	[11-800-50]
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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)- CG#3, CG#7, and CG#8 were without evidence of having had the CCFFH's Emergency Preparedness Plan training.

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.

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.

52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a), (b), (c)- No completed Monthly budget present in the CCFFH binder for the past 12 months.

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Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

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

Comment:

53.(b)(9)- No written authorization present for Client #1's [REDACTED] in client's bedroom.

53.(b)(15)- CCFFH's visiting hours restricted to 10:00am- 5:00pm. Under the My Choice My Way, CCFFH should accommodate for visiting on a 24/7 basis.

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Records

[11-800-54]

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)(5)- Medication discrepancies noted on Client #1. One medication was not transcribed in the Medication Administration Record(MAR). MAR was last signed on 8/25/2021 and there was no September 2021 MAR present.

54.(c)(6)- Client #1's Daily Care Flowsheet was last signed on 8/25/2021 and there was no September Flowsheet present.

Manikhal Nakamine, RN

Compliance Manager

Jan SUG for Liza

Primary Care Giver

9/2/2021

Date

9/2/21

Date