

Foster Family Home - Deficiency Report

Provider ID: 1-190069

Home Name: Lilibeth Y. Ramel, CNA

Review ID: 1-190069-5

94-1157 Halelehua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/23/2021

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 10/23/2021.

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 on 1/2/2021 and done on 1/20/2021 for CG#3, HHM#3, and HHM#4. For CG#4, APS/CAN/Fingerprinting lapsed on 12/3/2020, done on 1/20/2021. CG#5's APS/CAN/Fingerprinting lapsed on 3/12/2021 and no current result present in the CCFFH binder.

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

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality and privacy rights training present for HHM#3 and HHM#4.

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

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

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

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)(8)- No First Aid present for CG#2.

41.(f)(1)- HHM#3's TB clearance lapsed on 2/18/2021 and done on 6/9/2021.

41.(g)- No Basic Skills Checks present for CG#4 on Client #1.

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Foster Family Home

Client Care and Services

[11-800-43]

43.(c)(4) Include the provision of personal care, homemaker, and respite services as appropriate;

Comment:

43.(c)(4)- Client #2's expense log of monthly allowances showed charges for [REDACTED], [REDACTED] and [REDACTED]

Foster Family Home

Fire Safety

[11-800-46]

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- No nighttime monthly fire drill conducted. CG#2, CG#3, CG#4, and CG#5 without evidence of conducting a monthly fire drill for the past 12 months.

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)(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.(b)- Client #1's progress notes by CG#1 from 9/5/2020 thru 9/19/2021 were without any signatures for each dated entries.

54.(c)(2)- Client #1's Service Plan dated 3/5/2021 without the POA/Client's signature. Client #2's Service Plan expired on 11/18/2020.

54.(c)(6)- No RN/SW monthly visit summary present on Client #1's chart from 10/2020 thru 6/2021.

Markel Nakamire, RN 9/23/2021

Compliance Manager

L. H. N. N. N.

Primary Care Giver

Date

9/23/2021

Date