

Foster Family Home - Deficiency Report

Provider ID: 1-180076

Home Name: Margie Malvar, NA

Review ID: 1-180076-6

94-1190 Lumikula Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 9/3/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

Deficiency Report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) CG # 2: APS CAN is past due
HHM # 3 has not completed any background checks

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 proof of provide training HHM 2 and 3 on their confidentiality policies and procedures and client privacy rights.

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.

Comment:

41.(b)(8) CG # 2 No evidence of current blood born pathogen certification

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) No RN signature for delegation present for Client # 2, caregiver # 3

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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.

Comment:

46.(a) No documentations of fire drills since 2019. CG # 1 was initially unable to test the smoke alarm due to lack of knowledge how to test it
There is a boarded up stairwell leading to living space upstairs which is not available for inspection (belongs to the home owners). The boarded up stairwell creates a fire hazard. This is a repeat citation from 2020

Foster Family Home

Physical Environment

[11-800-49]

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

Comment:

49.(c)(3) Indoor and outdoor living spaces are cluttered in an unsafe manner

Foster Family Home

Client Rights

[11-800-53]

53.(b)(7) Not be humiliated, harassed, or threatened, and be free from physical and chemical restraints. Physical and chemical restraints may be used as specified in section 11-800-47(d);

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

Comment:

53.(b)(15) visiting hours state limited to 10 am-3pm. Per "My choice my way" visiting hours cannot be restricted.

53.(b)(7)- Unable to locate physicians order for [REDACTED] for client #1 and 2.

Foster Family Home

Records

[11-800-54]

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

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)(7) Expenditure records; and

Comment:

54.(b)(1) CCFFH administrative binder is in disarray making it difficult to survey

54.(c)(3) No MD order for [REDACTED] that CCFFH has been performing for [REDACTED]

54.(c)(2) Service plan for client #1 did not address [REDACTED]
service plan for [REDACTED], CG states it is done [REDACTED] only


Client # 2 : service plan for [REDACTED] no MD order


service plan for [REDACTED] which is not in the room

54.(c)(5) Client # 1 and 2 there is no September MAR

Client # 1: A daily medication is empty with no refill no DC order

54.(c)(7) No Expenditure records for client 1 or 2


Compliance Manager


Primary Care Giver

9/3/21
Date

9/3/21
Date