

Foster Family Home - Deficiency Report

Provider ID: 1-200006

Home Name: Mishel Suguitan, NA

Review ID: 1-200006-4

94-342 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)- CG#9 without a 2nd year of completed APS/CAN/Fingerprinting in the CCFFH binder.

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

41.(a)(2) Be a NA, an LPN, or RN;

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.

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.

Comment:

41.(a)(2)- No NA certificate present in the CCFFH binder for CG#7.

41.(b)(5)- CG#8's ID expired on 9/16/2020.

41.(b)(7)- HHM#3's TB clearance expired on 6/17/2021 and no current TB clearance present.

41.(b)(8)- No Blood borne pathogen and infection control certification training present in the CCFFH binder for CG#5.

41.(c)- No annual in service hours present for CG#6.

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 delegations present on Client #2's [REDACTED] for CG#1, CG#2, CG#3, CG#4, CG#5, CG#6, CG#7, CG#8, and CG#9.

Foster Family Home - Deficiency Report

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)- Last monthly fire drill conducted was on 7/23/2021. None for the month of August 2021. CG#5, CG#8, and CG#9 without evidence of having conducted a monthly fire drill.

Foster Family Home Medication and Nutrition [11-800-47]

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 with a prescribed [REDACTED] and last dose given was on [REDACTED]. No written MD order if medication was discontinued. No written documentation of MD and CMA RN being aware of client not receiving medication for approximately 4 months.

Foster Family Home Physical Environment [11-800-49]

49.(e) The home shall have policies regarding smoking on the property that:

Comment:

49.(e)- No smoking policy present.

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

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#2, CG#3, CG#4, CG#5, CG#6, CG#7, CG#8, and CG#9 were without evidence of having had the CCFFH's Emergency Preparedness Plan training.

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

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

Comment:

53.(b)(15)- No Visiting hours policy present.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2)- Client #2's Service Plan dated 8/4/2021 without the Client or POA's signature.

54.(c)(5)- Medication discrepancy noted for Client #1. One lifesaving medication was not available on hand with last documentation of medication administration on 4/14/2021.

Marikell Nakamine, RN 9/2/2021

Compliance Manager

Date

Shirley Smith

9/2/2021

Primary Care Giver

Date