

# Foster Family Home - Deficiency Report

Provider ID: 2-200038

Home Name: Nelia Blanco, CNA

Review ID: 2-200038-3

96-3214 Hau Street

Reviewer: Terri Van Houten

Pahala HI 96777

Begin Date: 9/20/2021

## 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 2 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 10/20/21.

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

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

Comment:

16.(b)(3) - CCFFH did not have evidence that client #1 was informed of the confidentiality practices.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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

Comment:

41.(b)(4) - CG ■ and CG ■ did not have an current disclosure form on file.

41.(b)(8) - C ■ did not have a current CPR/First Aid card on file. Card present at time of inspection is post dated for ■.

## 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) - RN delegations were not signed by CG ■ and CG ■ for client #1 and client #2.

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## Foster Family Home Grievance [11-800-45]

- 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.(1), 45.(2), and 45.(3) - CCFFH did not have evidence that client [REDACTED] was informed of the grievance policy, was provided with a copy or has a signed acknowledgement that the policies and procedures were reviewed.

## 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.

Comment:

46.(a) - CCFFH did not have evidence that fire drills have been conducted monthly. Only documented fire drill present is from 2/2021.

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

- 50.(b) Adverse events shall be reported

Comment:

50.(b) - CCFFH did not have evidence that an adverse event for client #1 that occurred in [REDACTED] [REDACTED] was reported to the CMA.

## Foster Family Home Insurance Requirements [11-800-51]

- 51.(a)(1) General;

Comment:

51.(a)(1) - C [REDACTED] and C [REDACTED] were not included on the CCFFH liability insurance.

## Foster Family Home Fiscal Requirements [11-800-52]

- 52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

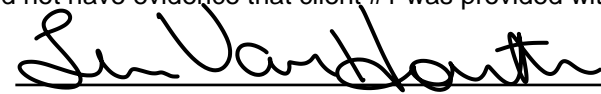
52.(a) - CCFFH did not have evidence that a monthly budget is being maintained.


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

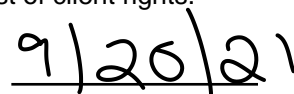
- 53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

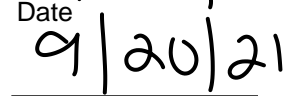
Comment:

53.(a) - CCFFH did not have evidence that client #1 was provided with a copy of the list of client rights.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date