

Foster Family Home - Deficiency Report

Provider ID: 1-563545

Home Name: Rochelle R. Domingo, CNA

Review ID: 1-563545-12

94-390 Hoaeae Street

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 9/22/2021

Foster Family Home	Required Certificate	[11-800-6]
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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 10/22/2021.

Foster Family Home	Background Checks	[11-800-8]
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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#1's Ecrim lapsed on 10/12/2020 and no current result present. CG#2's APS/CAN lapsed on 10/16/2020 and no current result present. CG#3's APS/CAN lapsed on 2/15/2020 and no current result present in the CCFFH binder.

Foster Family Home	Information Confidentiality	[11-800-16]
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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 evidence of CG#5 having been trained with the CCFFH's confidentiality policies and procedures and client privacy rights.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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.(b)(7)- CG#2 and CG#3's TB clearances lapsed on 10/9/2020 and no current results were present in the CCFFH binder.

41.(c)- CG#1, CG#2, CG#3, and CG#5 were without any hours of annual in services for the year 2020.

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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 for CG#5 on [REDACTED] medications administration for Client #2. For Client #3, there were no delegation present for CG#2 and CG#3 on [REDACTED] and [REDACTED] administration.

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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#5 without evidence of having had the CCFFH's Emergency Preparedness Plan training.

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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)(8) Personal inventory.

Comment:

54.(c)(2)- Client #1's Service Plan dated 2/2021 without the POA/Client signature and Client #3's Service Plan dated 5/1/2021 also did not have the POA/Client's signature.

54.(c)(8)- No Personal Inventory list completed for Client #1.

Maribel Nakamine, M

Compliance Manager

Roselle Ortiz, PCG

Primary Care Giver

9/22/2021

Date

9/22/21

Date