

Foster Family Home - Deficiency Report

Provider ID: 1-562125

Home Name: Josette Falle, NA

Review ID: 1-562125-12

99-501 Kaholi Place

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 10/29/2021

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 11/29/2021.

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#1's APS/CAN/Fingerprinting lapsed on 1/14/2021 and done on 2/3/2021; CG#4's APS/CAN/Fingerprinting lapsed on 1/2/2021 and done on 2/3/2021. HHM#2's APS/CAN/Fingerprinting lapsed on 1/2/2021 and done on 2/3/2021; HHM#4's APS/CAN/Fingerprinting lapsed on 2/11/2020 and done on 2/3/2021.

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

41.(a)(1) Reside in the community care foster family home;

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

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.

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

Comment:

41.(a)(1)- No written authorization present in the Rental Agreement from landlord for CG#1 to operate a CCFFH.

41.(a)(2)- No ID present for HHM#2 and HHM#3.

41.(b)(7)- CG#1's TB clearance expired on 9/9/2021 and was done on 10/25/2021. CG#3's TB clearance expired on 8/19/2020 and renewed on 8/5/2021.

41.(c)- CG#1 was short of 2 hours of the required 12 hours of annual in service for the year 2021.

41.(f)(1)- HHM#3's TB clearance expired on 12/9/2020 and renewed on 8/24/2021.

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Medication and Nutrition

[11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d), (d)(1)- No MD order present for Client #1's [REDACTED].

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Physical Environment

[11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

49.(b)(2) Be limited to two clients, both of whom shall consent to the arrangement; and

Comment:

49.(a)(2)- No [REDACTED] present near the clients' toilet.

49.(b)(2)- HHM#4 was noted to have a bed in Client #2's bedroom; CG#1 reported to CTA that HHM#4 sleeps in Client #2's designated bedroom.

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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:

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

50.(a)- CG#2, CG#3, CG#4, and CG#5 were without evidence of having had the CCFFH's Emergency Preparedness Plan training.

50.(e)(1)- Client #1 and Client #2's charts were not in the CCFFH (both clients were home) at the start of the inspection/survey. Per CG#1, HHM#3 took clients charts away from CCFFH.

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Client Rights

[11-800-53]

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

Comment:

53.(b)(15)- CCFFH with visiting hours restricted from 10:00am to 4:00pm; per My Choice My Way, visiting hours should not be restricted. CCFFH should be able to accommodate clients' visitors anytime the clients wished.

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Records

[11-800-54]

- 54.(a)(1) Emergency procedures and an evacuation map;
- 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;
- 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;
- 54.(c)(8) Personal inventory.

Comment:

- 54.(a)(1)- No Emergency procedures and evacuation map present in the CCFFH.
54.(c)(2)- Client #1's Service Plan expired on 8/23/2021 and no signature of POA/Client was present.
54.(c)(5)- Client #1 and Client #2's Medication Administration Record was last signed on 10/27/2021.
54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet was last signed on 10/27/2021 and Client #2's was last signed on 10/21/2021.
54.(c)(8)- No completed Personal Inventory form was present in Client #1's chart.

Shavikel Nakamine, RN 10/29/2021
Compliance Manager Date
[Signature] 10/29/2021
Primary Care Giver Date