

# Foster Family Home - Deficiency Report

Provider ID: 4-594029

Home Name: Norita Morrison, CNA

Review ID: 4-594029-12

20 Keoneloa Street

Reviewer: Terri Van Houten

Wailuku

HI 96793

Begin Date: 10/12/2021

## 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 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due [REDACTED] by 11/11/2021.

## 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)(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.(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41.(b)(4) - CCFFH disclosure form was outdated. Does not reflect current number of household members.

41.(b)(7) - CG#1 and CG#2 did not have evidence of current TB clearance.

41.(c) - CG#3 did not have evidence of 12 hours of inservice training within the last 12 months.

41.(f)(1) - CCFFH did not have evidence that TB clearance had been completed for HHM#2 and HHM#3

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1) Fire - CCFFH's last documented fire drill was completed 6/2021.

(3P)(b)(6) Fire - CCFFH did not have evidence that CG#3 has completed a fire drill in the last 12 months.

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## 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) - List of medication side effects were not present for client #1

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

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

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

Comment:

49.(a)(4) - Client #2 and Client #3 have a shared bedroom. Room is cluttered with furniture. Room has plywood, movable "wall" separating the client beds which limits the pathway exiting the room. Client #2 is [REDACTED] and would not be able to pass through the bedroom without moving furniture.

49.(c)(3) - Client bathroom and bedroom for client #2/#3 has a strong odor, flooring appears soiled and damp chunks were noted in the bathroom area.

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

51.(a)(2) Automobile; and

Comment:

51.(a)(2) - Auto insurance expired for CG#1

## 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 of fiscal records for 2021.

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

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

Comment:

53.(b)(15) - CCFFH had visiting hours that were limited to 9 am - 3 pm. Per "My choice, my way" federal guidelines, CCFFH should have open visitation hours.

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Foster Family Home

Records

[11-800-54]

54.(c)(1) Client's vital information;

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;

Comment:

54.(c)(1) - Client #1 did not have a current face sheet/vital information sheet.

54.(c)(5) - CCFFH did not have evidence that the October MAR had been started for Client #1, #2, or #3. (#1 last documented 9/30/21, #2 last documented 7/2021, #3 last documented 8/31/2021)

54.(c)(5) - Medication(s) missing for Client #1 and Client #3. Medication discrepancy noted for client #1. MAR does not match latest available order)

54.(c)(6) - Personal care/observation flow sheet for client #1 is missing from October 2021.



Compliance Manager



Primary Care Giver

10/12/21

Date

10/12/21

Date