

# Foster Family Home - Deficiency Report

Provider ID: 4-100012

Home Name: Julie Bonilla, CNA

Review ID: 4-100012-14

1025 Kokomo Road

Reviewer: Terri Van Houten

Haiku HI 96708

Begin Date: 12/8/2021

## 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 to CTA by 1/8/2022.

## 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) - Undisclosed HHM#3, resides in upstairs location, did not have evidence of Fingerprints or eCrim

8.(a)(2) - Undisclosed HHM#3, resides in upstairs location, did not have evidence of APS/CAN

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

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) Undisclosed HHM#3 did not have evidence of confidentiality training.

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

Comment:

41.(b)(4) - CCFFH did not have evidence of an updated PCG disclosure form that included the addition of HHM#3

41.(f)(1) - HHM#1 and undisclosed HHM#3 did not have evidence of a TB clearance or TB exclusion form.

# Foster Family Home - Deficiency Report

## 3 Person Staffing

## 3 Person Staffing Requirements

## (3P) Staff

(3P)(b)(2) Staff      Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff - CCFFH did not have evidence of a 3 Client Sign Out record being maintained.

## 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) - CCFFH did not have evidence that delegations had been for any caregivers for client #2

## 3 Person Fire Safety, Natural Disaster

## 3 Person Fire Safety

## (3P) Fire

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

Comment:

(3P)(b)(1) Fire - CCFFH did not have evidence that fire drills were being conducted monthly for the last 12 months.

## Foster Family Home

## Physical Environment

## [11-800-49]

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

49.(e)(1)              Prohibit smoking in enclosed living and recreational areas used by clients; and

49.(e)(2)              Identify designated areas that may be used for purposes of smoking.

Comment:

49.(e), 49.(e)(1), 49.(e)(2) - CCFFH did not have evidence of a smoking policy in place, that prohibits smoking in enclosed living spaces, or identifies designated areas that may be used for smoking.

## 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) - CCFFH did not have evidence of an emergency preparedness policy.

## Foster Family Home

## Insurance Requirements

## [11-800-51]

51.(a)(2)              Automobile; and

Comment:

51.(a)(2) - The CCFFH did not have evidence of a current auto insurance policy in place.

# Foster Family Home - Deficiency Report

Foster Family Home

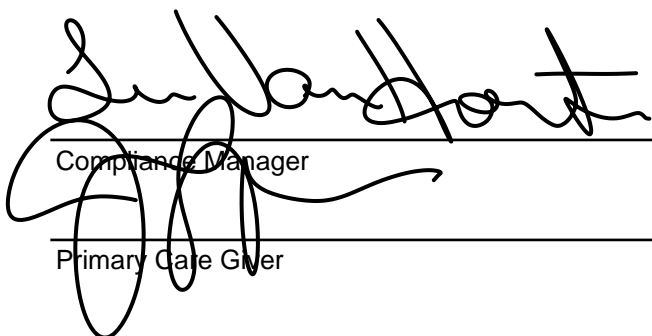
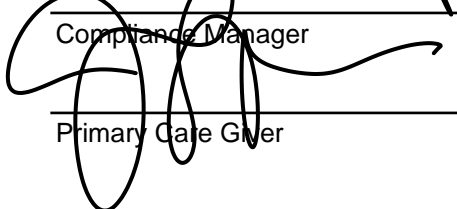
Records

[11-800-54]

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

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Comment:

54.(c)(5) - Noted several medication discrepancies between MAR, MD order and prescription bottles for client #2

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

12/8/21  
\_\_\_\_\_  
Date  
12/8/21  
\_\_\_\_\_  
Date