

Foster Family Home - Deficiency Report

Provider ID: 5-170062

Home Name: Mylene Battulayan, CNA

Review ID: 5-170062-7

4185 Mano Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 12/10/2021

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 annual inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 1/10/2022.

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),(2)- HHM#2's APS/CAN/Ecrim lapsed on 12/11/2020 and no current renewal present in the CCFFH binder.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(7)- CG#4's TB clearance lapsed on 10/16/2020 and renewed on 1/3/2021.

41.(g)- CG#3 without a completed basic skills checklist present in Client #1's chart.

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)- No RN delegations on [REDACTED] and [REDACTED] completed for CG#1, CG#2, CG#3, and CG#4 on Client #2.

Foster Family Home - Deficiency Report

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a)- No November 2021 monthly fire drill completed.

46.(b)(2)- CG#2 without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2)- Client #1's Service Plan dated 11/3/2021 only contained the first page (signature page, missing 7 pages out of 8 total pages). Client #2's Service Plans dated 2/27/2020, 8/17/2020, 12/17/2020, 2/2/2021, 8/19/2021, and 9/24/2021 only the 1st pages (signature page) were present, all were missing 7 pages out of 8 total pages.

Frankel Nakamie, RN 12/10/2021
Compliance Manager Date
Mylene Butts 12/10/2021
Primary Care Giver Date