

Foster Family Home - Deficiency Report

Provider ID: 1-210008

Home Name: Shirley Nieves-Acosta, NA

Review ID: 1-210008-3

94-1010 Kuakolu Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/18/2021

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 12/18/2021.

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)- No 1st and 2nd year of APS/CAN/Fingerprinting present for CG#2 and CG#3 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 confidentiality policies and procedures and client privacy rights training present for CG#2 and CG#3.

Foster Family Home	Personnel and Staffing	[11-800-41]
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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.(g)- No RN/CM signature noted for CG#1, CG#2, and CG#3's Basic Skills Checklist on Client #1.

Foster Family Home	Fire Safety	[11-800-46]
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46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#2 and CG#3 were without evidence of having conducted a monthly fire drill.

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Foster Family Home**Medication and Nutrition****[11-800-47]**

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

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

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d)(1), (2)- Client #1 with a [REDACTED]; no MD order present and was not addressed in client's Service Plan.

Foster Family Home**Quality Assurance****[11-800-50]**

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e)- CCFFH has a gate on the sidewalk that lacked a communication method to the CCFFH for quick access into the CCFFH.

Foster Family Home**Fiscal Requirements****[11-800-52]**

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b)- No Monthly Budget completed for year 2021 and no current bank statements made available in the CCFFH's binder.

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's visiting hours restricted to 10:00am -5:00pm. Under the My Choice My Way, visiting hours should not be restricted. CCFFH should accommodate visitors any time/day clients wished.

Foster Family Home**Records****[11-800-54]**

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

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

Comment:

54.(c)(1)- Client #1's Vital Information Sheet was missing the Emergency Contacts Info and client's Medical Insurances.

54.(c)(2)- Client #1's Service Plan dated 10/23/2021 without the POA/Client's signature.

Therick Nakamine, Jr

Compliance Manager

Shirley P. Oates

Primary Care Giver

11/18/2021

Date

11/18/2021

Date