

Foster Family Home - Deficiency Report

Provider ID: 2-150077

Home Name: Cecilia Belmes, CNA

Review ID: 2-150077-13

17213 Palaia Street

Reviewer: Terri Van Houten

Kea'au

HI 96749

Begin Date: 1/20/2022

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 home inspection for 3 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 2/20/2022.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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

Comment:

41.(b)(8) - Unable to verify that the CPR/First aid training certificates are valid for CG#1, #2 and #4. Need to provide proof of valid card or repeat CPR training course.

41.(b)(8) - Unable to accept Blood Borne Pathogen training certificates for CG#3 and CG#4. Certificates have been postdated and show they were provided on 2/4/22.

41.(f)(1) - HHM#1 did not have a current TB clearance on file.

Foster Family Home Client Care and Services [11-800-43]

43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

Comment:

43.(b) - Based on current face sheet information, it appears that the CCFFH has two private pay clients residing at the facility. Client #1 was admitted [REDACTED] under private pay status. Client #2 was admitted [REDACTED] under private pay status. Unable to determine if client #1 has applied and qualified for Medicaid prior to the admission date of client #2.

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) - CCFFH did not have evidence that fiscal records are being maintained monthly. Last documented fiscal records are from 10/2021.

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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;

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

Comment:

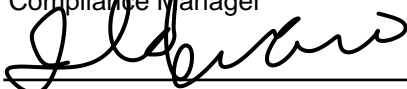
54.(c)(1) - Unable to determine if client #1's face sheet has been updated to reflect current pay status. If face sheet is current, then CCFFH has admitted two private pay clients.

54.(c)(2) - Service plan for Client #3 has not been signed by the client or the client's DPOA.

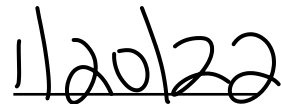
54.(c)(5) - Medication discrepancies noted for Client #1 and Client #2. Doses and or frequency of medications do not match between the MD order, the MAR and the prescription bottles.



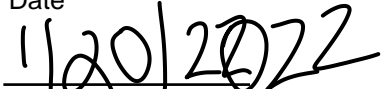
Compliance Manager



Primary Care Giver



Date



Date