

# Foster Family Home - Deficiency Report

Provider ID: 1-120008

Home Name: Elena Fronda, CNA

Review ID: 1-120008-12

1684 Hoolana Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 1/21/2022

## 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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 2/21/2022.

## 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)- CG#1's APS/CAN/ecRIM lapsed on 12/27/18; CG#2's lapsed on 11/7/20; HHM#2's lapsed on 10/25/20; HHM#3's lapsed on 11/12/20; HHM#4's lapsed on 11/7/20. All were without any current results 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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7)- CG#1's TB clearance lapsed on 2/26/21 and CG#2's lapsed on 3/9/20. Both were without any current results present in the CCFFH binder.

41.(f)(1)- HHM#2's Tb clearance lapsed on 2/11/20; HHM#3's lapsed on 3/11/20; HHM#4's lapsed on 3/9/20. All were without current TB clearances results present. Also two minor children ages ■ and ■ were without any TB clearances present.

## 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.

Comment:

46.(a)- No monthly fire drill completed from July 2021 thru December 2021.

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

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

Comment:

49.(c)(3)- Clients' bedroom window latches were broken; unable to open jalousies.

## 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)- CG#2 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

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

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Clients' bathroom door lock was broken. Also there was a [REDACTED] [REDACTED] [REDACTED] in Client #1's side of the bedroom; there was no written consent/authorization from POA present in client's chart.

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

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

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;

54.(c)(8) Personal inventory.

Comment:

54.(b)- Some of Client #1's observation notes entries were written in blue ink; and some of each dated entries were without CG#1's signatures.

54.(c)(2)- Client #1's Service Plan expired on 8/6/21 and there was no POA's signature on Service Plan dated 2/6/21.

54.(c)(5)- Medication discrepancies were noted on Client #1. There were 2 medications that were not transcribed in the Medication Administration Record(MAR). MAR was last signed on 1/16/21.

54.(c)(8)- Client #1's Personal Inventory form was not completed(blank).

Muriel Nakamine, RN 1/21/22  
Compliance Manager Date  
Ellen Fisher 1/22/22  
Primary Care Giver Date