

Foster Family Home - Deficiency Report

Provider ID: 1-190021

Home Name: Elma Beloria, CNA

Review ID: 1-190021-6

98-259 Hekaha Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 1/19/2022

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 2/19/2022.

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;

Comment:

8.(a)(1)- CG#3's Ecrim expired on 8/21/2021 and no current result present.

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

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

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

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)- TB clearances expired for CG#4 expired on 11/24/2021 and no current result present.

41.(b)(8)- CPR/First Aid certifications expired on 10/14/2021 for CG#1 and CG#4's expired on 7/12/2021 - no current certifications present. Blood borne pathogen and infection control certification expired on 1/15/2022 for CG#1 and CG#3; CG#4's expired on 1/18/2022. All were without any current certificates present in the CCFFH binder.

41.(c)- CG#1 was short of 9.5 hours of annual in service for year 2021; CG#3 & CG#4 were both short of 5.5 hours for the year 2021.

41.(g)- No Basic Skills Checks completed for CG#4 on Client #2.

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 completed for CG#4 on [REDACTED] Medications Administration on Client [REDACTED].

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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 for the months of August 2021, September 2021, October 2021, November 2021, and December 2021.

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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

47.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

Comment:

47.(d), (1),(2),(3)- MD's order for Client [REDACTED] s [REDACTED] [REDACTED] without the MD's signature on the prescription. [REDACTED] were not addressed in client's service plan.

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Physical Environment

[11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1)- No non-slip surface/rubber mat present in clients' bathroom shower.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

51.(a)(2) Automobile; and

Comment:

51.(a)(1), (2)- CCFFH's General Liability insurance policy expired on 10/9/2021; automobile policy expired on 10/15/2021. Both were without any current policies present in the CCFFH binder.

Foster Family Home

Fiscal Requirements

[11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

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.

52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a),(b),(c)- No Budget completed for the year 2021; CG#1 was unable to show any bank account statements.

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Records

[11-800-54]

- 54.(a) Each home shall maintain an administrative notebook including but not limited to
- 54.(a)(3) A list of applicable community resources.
- 54.(b)(1) Permit effective professional review by the case management agency, and the department; and
- 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)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;
- 54.(c)(8) Personal inventory.

Comment:

54.(a),(b)(1)- CCFFH's binder/chart, Client #1 and Client #2's charts were in disarray which made the survey/inspection difficult and time consuming.


54.(a)(3)- No community resources present in the CCFFH binder.

54(c)(2)- Client #2's Service Plan dated [REDACTED] with no POA/Client's signature.


54.(c)(5)- Medication discrepancies were noted for Client #2- Medication Administration Record(MAR) was last signed on [REDACTED]. One medication's label and MD's written order didn't match the client's MAR. CG#1 and CM RN to determine whether a medication error occurred. One lifesaving medication ([REDACTED]) was not transcribed in client's MAR- per CG#1, unable to give client the medication as it was not written in the MAR and a written MD order was present in client's chart. Per CG#1, unable to determine at what circumstances to give client the medication.

54.(c)(6)- Client #2's ADLs/Daily Care Flowsheet was last signed on 1/6/2022.

54.(c)(8)- No Personal Inventory completed for Client #1.



Compliance Manager



Primary Care Giver

Date 1/19/2022
Date 1/19/2022