

# Foster Family Home - Deficiency Report

Provider ID: 1-560202

Home Name: Florencia Jose, CNA

Review ID: 1-560202-11

1027 Pulaa Lane

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 11/5/2021

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification

Deficiency Report issued with all approved written corrections due to CTA within 30 days. Unapproved Caregiver in the CCFFH upon arrival. The issue of an unapproved caregiver will be addressed under separate cover.

## 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)

8.(a)(2)

CG#6 and HHM#4 Do not have any APS/CAN, eCrim, or Fingerprint history

## Foster Family Home Reporting Changes [11-800-12]

12.(4) In the household composition or structure of the home; and

Comment:

12.(4)

Unreported Household Members HHM#4 and HHM#3

## Foster Family Home Information Confidentiality [11-800-16]

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)

CG#4, CG#5, (CG#6 HHM#3), HHM#4 have no signed Privacy Training

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

41.(a)(1) Reside in the community care foster family home;

41.(a)(2) Be a NA, an LPN, or RN;

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

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- 41.(b)(3) Be able to communicate, read, and write in the English language;

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- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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- 41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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

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

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- 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.

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- 41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

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- 41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:
  - 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

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  - 41.(f)(2) Background checks

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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.

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- 41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

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- 41.(i) The primary caregiver shall notify the department of any dependent household members or changes in household composition.

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- 41.(j) When the primary caregiver will be absent or unable to perform regular duties, and clients are present, the primary caregiver shall:
  - 41.(j)(1) Report the situation to the clients' case management agencies verbally and in writing prior to the planned absence or being unable to perform caregiving duties. Unplanned absences or events that prevent the primary caregiver from performing regular duties must be reported within twenty-four-hours of occurring;

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  - 41.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

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  - 41.(j)(3) Authorize all substitute caregivers to permit entrance by case management agency and department staff, with or without prior notice, for the purpose of client monitoring, investigation, and quality assurance review.

Comment:

- 41.(a)(1)  
CG#6, who is also a HHM was not declared for either.
- 41.(a)(2) CG#6 has no license or caregiving certificate.
- 41.(a)(3) CG#6 does not have any work experience in a binder for this3 client CCFH.
- 41.(a)(4) CG#1 did not have a qualified and approved Caregiver to assume duties when absent from the CCFH.
- 41.(b)(3)  
CG#6 does not speak English and does not meet the qualifications for a caregiver in a CCFH.
- 41.(b)(4)

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CG#6 does not have a disclosure form in binder.

41.(b)(5)

CG#6 does not have a driver's license or ID in the CCFFH binder.

41.(b)(7)

CG#6 has no TB paperwork in binder.

41.(b)(8)

CG#6 does not have any CPR, First Aid, or bloodborne pathogen training.

41.(c)

CG#6 has no continuing education training hours in binder.

41.(e)

CG#6 is not a CTA approved Caregiver.

41.(f)

41.(f)(1)

CG#6 and HHM#4 do not have proof of TB clearance

41.(f)(2)

Primary caregiver (CG#1) failed to obtain background checks for CG#6 and HHM#4

41.(g)

CG#6 has not been assessed for basic caregiving skills

41.(h)

Primary caregiver (CG#1) did not ensure that all caregivers were approved by the department prior to providing services.

41.(i)

Primary caregiver (CG#1) did not notify the department of changes to caregivers (CG#6) and household members (HHM#4)

41.(j)

41.(j)(1)

Primary Caregiver (CG#1) did not notify the Case Management agency that an unapproved Caregiver was being used in the CCFFH during the PCG's absences.

41.(j)(2)

PCG (CG#1) did not ensure that a capable, approved caregiver was in the CCFFH upon the PCG's absence.

41.(j)(3)

CG#6 did not allow department access into the home for over 15 minutes.

# Foster Family Home - Deficiency Report

**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)  
CG#6 is not delegated for Client #1, Client #2, or Client #3

**3 Person Fire Safety,  
Natural Disaster**

**3 Person Fire Safety**

**(3P) Fire**

(3P)(b)(6) Fire shall include all SCGs at least once per year

(3P)(d) Fire All caregivers and designated individuals must have been trained to implement appropriate emergency procedures in the event of a fire, natural disaster or other emergency.

Comment:

(3P)(b)(6) Fire  
No Fire Drills in 2020 for CG#4 or CG#5.

(3P)(d) Fire  
CG#6 has not been trained in emergency procedures

**Foster Family Home**

**Medication and Nutrition**

**[11-800-47]**

47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(b)  
CG#6 has not received training in medication administration

47.(e)  
CG#6 has not received training in feeding clients.

**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)  
Cockroaches were in the CCFFH binders and on the kitchen table during the inspection.

# Foster Family Home - Deficiency Report

Foster Family Home

Quality Assurance

[11-800-50]

50.(d) The home shall cooperate at all times with the case management agency serving a client it has placed in the home. Such cooperation shall include providing the case management agency access to the home and the client at any time requested by the case management agency.

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:

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

50.(d)

50.(e)

50.(e)(1)

This inspector was not allowed in the home for more than 15 minutes. When allowed in the home, the CG#6 did not answer any questions, and instead ran out another door to an upstairs apartment in the front of the home. CG#6 and the tenant of that apartment did not answer any questions again. They both went to an upstairs apartment at the back of the home to get another individual. All attempts to communicate with the individuals, and establish the whereabouts of CG#1 or an alternative approved caregiver were ignored repeatedly. The CG#6 did not cooperate with the investigator or allow proper and timely review of administrative records requested.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1)

CG#6 is not on liability insurance

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)(5) Medication schedule checklist;

Comment:

54.(b)

Records for the CCFFH were in disarray and inhibited the inspection.

54.(c)(5)

There was no Medication Administration record signed after 10/24/21 for Client #1

There was no signed Medication Administration record signed after 10/26/21 for Clients #2 and #3



Compliance Manager



Primary Care Giver

12/2/2021

Date

12/2/2021

Date