

Foster Family Home - Deficiency Report

Provider ID: 1-170083

Home Name: Kristine May Anloague, NA

Review ID: 1-170083-8

94-1111 Hoomakoa Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 1/26/2022

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 2/26/2022.

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

8.(e) The results of a background check made pursuant to section (a) above shall be exempt from consideration by the department if an exemption has been granted by the department. Requests for exemptions must be:

8.(e)(1) Submitted by the applicant for licensure or certification, case management agency, or home;

8.(e)(2) In writing, on forms provided by the department; and

Comment:

8.(a)(1),(2)- CG#1, CG#2, HHM#4, HHM#6, and HHM#7'S APS/CAN/Fingerprinting lapsed on 3/12/21 and all were without current results present. CG#5 without the 2nd year of APS/CAN/Fingerprinting present.

8.(e), (e)(1), (e)(2)- C ■ and HHM ■s APS/CAN/Fingerprinting results both dated 3/28/20 were with ■ ■ determinations. No exemptions for both were obtained/initiated within 30 days of the date of determination.

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)- No evidence of confidentiality policies and procedures and client privacy rights training completed for CG#4.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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- 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
- 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)- CG#3's TB clearance lapsed on 1/7/22 and CG#5's lapsed on 3/5/21. Both were without current clearances results present.
- 41.(f)(1)- HHM#6's TB clearance lapsed on 2/26/21 and HHM#7's lapsed on 3/5/21. Both were without current clearances results present.
- 41.(g)- No Basic Skills Checks completed for CG#4 in Client #1 and Client #2's charts.

Foster Family Home	Client Care and Services	[11-800-43]
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- 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 delegation on Oral Medication Administration present for CG#4 in Client #1's chart. No Oral/Rectal Medications Administration and Colostomy Care present for CG#4 in Client #2's chart.

Foster Family Home	Client Account	[11-800-48]
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- 48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

- 48.(a)- No client account record completed for Client #1.

Foster Family Home	Physical Environment	[11-800-49]
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- 49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;
- 49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and
- 49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

- 49.(a)(1)- No non-slip surface/rubber mat present in clients' shower floor.
- 49.(a)(5)- Smoke detector was not functioning when tested during CCFFH inspection.
- 49.(b)(3)- CG#1's bedroom located upstairs and Client #1 and Client #2's bedrooms were located downstairs of the CCFFH. There were no [redacted], [redacted], [redacted] present in each client's bedrooms for clients to call for assistance at night and or in the event of an emergency.

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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:

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.(a)- No evidence of CG#2, CG#3, CG#4, and CG#5 were trained of the CCFFH's Emergency Preparedness Plan.
50.(e)- CCFFH's gate buzzer was not functioning; CTA pressed the buzzer for about 5 minutes/20 plus times. Also tested buzzer during inspection was verified to be non-functioning.

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Records

[11-800-54]

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

54.(c)(8) Personal inventory.

Comment:

54.(c)(2)- Client #2's Service Plan expired since March 2021.
54.(c)(8)- No Personal Inventory completed for Client #1.

Maribel Nakamine, RN

Compliance Manager,

[Signature]
Primary Care Giver

Date

Date

1/26/22

1/26/22