

Foster Family Home - Deficiency Report

Provider ID: 1-210037

Home Name: Wilma Farinas, CNA

Review ID: 1-210037-3

16-A Cypress Avenue

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 1/25/2022

Foster Family Home	Required Certificate	[11-800-6]
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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 1/25/2022.

The issue of no department approved caregiver in the CCFFH will be addressed separately in a NOVO.

Foster Family Home	Information Confidentiality	[11-800-16]
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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 confidentiality policies and procedures and client privacy rights training present for CG#3, CG#5, and CG#6.

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

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

Comment:

41.(g)- No Basic Skills Checks completed for CG#1, CG##3, CG#5, and CG#6 in Client #1's chart and CG#2 without a completed basic skill checks in Client #2's chart.

41.(j), (j)(2)- No department approved [REDACTED] caregiver was present at the beginning of the CCFFH inspection. CG#1's son, who is not a CCFFH household member, nor an approved [REDACTED] caregiver was seen near the outside of the CCFFH front door and reported to CTA that he was watching the 2 clients in the home as CG#1 was not present in the CCFFH.

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 delegations completed for CG#6 on [REDACTED] in Client #1's chart. For Client #2, there was no RN delegation on [REDACTED] for CG#2.

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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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- No monthly Fire drill completed from June 2021 thru December 2021. CG#2, CG#3, CG#5, and CG#6 were without evidence of having conducted a monthly fire drill for the year 2021.

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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:

Comment:

50.(a)- CG#2, CG#3, CG#5, and CG#6 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

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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 CCFFH Budget completed. CG#1 was unable to provide other financial documents.

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Records

[11-800-54]

54.(a)(3) A list of applicable community resources.

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)(3)- No list of community resources/Resource Book present in the CCFFH binder.

54.(c)(5)- Medication discrepancy noted in Client #2. Two lifesaving medications were not transcribed in client's Medication Administration Record.

54.(c)(6)- Client #1's Daily [REDACTED] [REDACTED] [REDACTED] result were not documented in client's Medication Administration Record nor in a Daily Flowsheet.

54.(c)(6)- No monthly RN Visit/Summary Assessment forms completed for the months of September 2021 thru December 2021 in Client #1's chart; Client #2 were missing from August 2021 thru December 2021.

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

Maribel Nakamine, RN 1/25/22
Compliance Manager Date

Wilma Farina
Primary Care Giver

1/25/22
Date