

# Foster Family Home - Deficiency Report

Provider ID: 1-140006

Home Name: Jan Gladhar Rosario, CNA

Review ID: 1-140006-15

94-1064 A Lumi Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 3/28/2022

## 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 4/28/2022.

## 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)- HHM#2 and HHM#3's APS/CAN/Fingerprinting lapsed on 9/3/21; no current results present. Both were without the two consecutive years of Fingerprinting.

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

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.(g)- No Basic Skills checklist present for CG#2 and CG#4 in Client #3's chart.

## 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 present on Oral and Eye Medications Administration for CG#2 and CG#4 in Client #3's chart.

## 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

Comment:

(3P)(b)(6)Fire- CG#4 without evidence of having conducted a monthly fire drill for the past 12 months.

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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#5 without evidence of having had the CCFFH's Emergency Preparedness Plan training.

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Medication discrepancies were noted for Client #2- two medications were not transcribed in client's Medication Administration Record(MAR). One medication was not on hand(available) during inspection/survey.

Maikel Nakamire, PC 3/28/22  
Compliance Manager Date  
[Signature] 3/28/22  
Primary Care Giver Date