

# Foster Family Home - Deficiency Report

Provider ID: 1-190050

Home Name: Roselyn Molina, CNA

Review ID: 1-190050-8

141 Ho'omalua Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 4/26/2022

## 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 5/26/2022.

■ G requests to increase from a 2 client to a 3 client CCFFH.

## 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)- CG#1, CG#2, and CG#3 were without the 2 consecutive years of APS/CAN/Fingerprinting present in the CCFFH binder. CG#2 and CG#3's APS/CAN/Fingerprinting results determinations were beyond the 6 months requirement for the CCFFH to increase to a 3 client CCFFH. HHM#4's APS/CAN/Fingerprinting lapsed on 4/19/22 and no current result present.

## 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 confidentiality policies and procedures and client privacy rights training completed for CG#2, HHM#3, and HHM#4.

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## Foster Family Home

## Personnel and Staffing

[11-800-41]

- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and
- 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).
- 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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

- 41.(a)(3)- CG#2 without a completed Job Experience form as CG#1 requested to increase from a 2 client to a 3 client CCFFH.
- 41.(b)(4)- CG#2 without a completed [REDACTED] Caregiver Disclosure Form.
- 41.(b)(8)- CG#2's CPR/First Aid lapsed on 4/12/20 renewed on 4/8/22.
- 41.(c)- CG#1 was short of 8 hours of the required annual in services of 12 hours.
- 41.(f)(1)- HHM#4 without a TB clearance result present in the CCFFH binder.

## Foster Family Home

## 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 drills completed for the year 2021, January 2022 thru March 2022. CG#1, CG#2, and CG#3 no evidence of conducting a fire drill for the past 12 months.

## Foster Family Home

## Client Rights

[11-800-53]

- 53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

- 53.(b)(9)- Client #1, Client #2's bedrooms doorknobs, and clients' bathroom without a lock from the inside. Under the My Choice My Way, clients' bedrooms and bathroom should have a lock to provide for clients' privacy.

*Shankel Shakamine, M* 4/26/22

Compliance Manager

*[Signature]*

Primary Care Giver

Date

4/26/22

Date