

Foster Family Home - Deficiency Report

Provider ID: 1-180081

Home Name: Evangeline Domingo, CNA

Review ID: 1-180081-7

1140 Kamehameha IV Road

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 4/27/2022

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 corrections due to CTA on 5/27/2022.

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)- CG#2's APS/CAN lapsed on 7/17/21; done on 2/16/22. CG#3 without the 2 consecutive results of APS/CAN/Fingerprinting present. HHM#3 and HHM#4 were without any results of APS/CAN/Fingerprinting in the CCFFH binder.

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 present for HHM#4.

Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(a)(1) Reside in the community care foster family home;

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

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

- 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.

- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

- 41.(a)(1)- No written authorization present from landlord for CCFFH to operate a business in property.
- 41.(a)(3)- No completed Job Experience Forms for CG#2, CG#3, and CG#4 present in the CCFFH binder.
- 41.(b)(7)- CG#1's TB clearance result expired on 6/1/21; CG#3's expired on 3/15/22. Both were without current results present in the CCFFH binder.
- 41(b)(8)- CG#1 and CG#2's Basic First Aid certifications expired on 9/1/2020. Both were without the current certifications present in the CCFFH binder.
- 41.(e)- CG#2, CG#3, and CG#4 were without the 3-client department approvals present in the CCFFH binder.
- 41.(f)(1)- HHM#4 without any TB clearance result present.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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- (3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

- (3P)(b)(2)Staff- CG#4 (Nurse Aide) worked on 3/24/22, 3/25/22, and 3/26/22 of more than 5 hours in a 24 hour period according to the CCFFH's Sign In/Out Record.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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- (3P)(b)(2) Fire shall be held at different times of the day, evening, and night

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

Comment:

- (3P)(b)(2)Fire- No monthly fire drills conducted on morning and nighttime for the past 12 months.
- (3P)(b)(6)Fire- CG#3 and CG#4 were without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home	Quality Assurance	[11-800-50]
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- 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, and CG#4 were without evidence of having completed the CCFFH's Emergency Preparedness Plan training.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

- 54.(a)(3) A list of applicable community resources.
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 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 community resources list present in the CCFFH binder.
- 54.(c)(2)- No completed Service Plan in Client [REDACTED] chart.
- 54.(c)(5)- One lifesaving weekly medication's dose was not signed on [REDACTED] in Client [REDACTED] Medication Administration Record.
- 54.(c)(6)- No monthly ADLs/Daily Care Flowsheet present for the months of October 2021 and December 2021 in Client [REDACTED] chart.
- 54.(c)(8)- No completed Personal Inventory form in Client [REDACTED] chart.

Maribel Nakamine, RN

Compliance Manager

Date

4/27/22

Primary Care Giver

SCG-FOR

Date

4/27/22