

Foster Family Home - Deficiency Report

Provider ID: 1-585771

Home Name: Gerlie Miguel, CNA

Review ID: 1-585771-11

94-691 Kime Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 5/24/2022

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 6/24/2022.

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)- C ■'s APS/CAN lapsed on ■ renewed on ■; Ecrim lapsed on ■ renewed on ■. C ■'s APS/CAN lapsed on ■; renewed on ■; Ecrim lapsed on ■ renewed on ■. C ■'s APS/CAN/Fingerprint lapsed on ■ renewed on ■.

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

41.(a)(1) Reside in the community care foster family home;

Comment:

41.(a)(1)- No written authorization present from landlord authorizing CCFFH to use property as a CCFFH.

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.

Comment:

46.(a)- No nighttime monthly fire drill conducted for the past 12 months.

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Physical Environment

[11-800-49]

- 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.
- 49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

- 49.(a)(5)- Fire Extinguisher gauge on red (empty).
- 49.(b)(3)- Client [REDACTED]'s bedroom without a [REDACTED] [REDACTED] as specified in client's Service Plan; C [REDACTED] bedroom was not in close proximity to client's bedroom.
- 49.(c)(3)- Client [REDACTED]'s bedroom window with broken latch and screen gap; insects, bugs, mosquitoes can enter thru the window and possibly bite the client.

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)- C [REDACTED] without evidence of having had the CCFFH's Emergency Preparedness Plan training.

Foster Family Home

Records

[11-800-54]

- 54.(c)(1) Client's vital information;
- 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;

Comment:

- 54.(c)(1)- Client [REDACTED] Face/Information sheet lacked the client's current payor source or status.
- 54.(c)(6)- Client [REDACTED] 2022 Daily Care Flowsheet was last signed on [REDACTED].

Maibek Nakamwe, RN

Compliance Manager

[Signature]
Primary Care Giver

5/24/22
Date

5/24/22
Date