

Foster Family Home - Deficiency Report

Provider ID: 4-510843

Home Name: Norma Romero, CNA

Review ID: 4-510843-10

48 Aoloa Loop

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 6/2/2022

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 7/2/2022.

CCFFH was voluntarily decreased to 2 beds on 3/7/22.

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) - C ■ did not have a current eCrim report on file.

8.(a)(1) - HHM ■ and HH ■ did not have a current fingerprint on file

8.(a)(2) - HHM ■ and HHM ■ did not have a current APS/CAN on file

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) - HH ■ did not have evidence of confidentiality and privacy training.

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Personnel and Staffing

[11-800-41]

- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and
- 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.(b)(7) - CG ■ did not have a current TB clearance on file.
- 41.(f)(1) - HH ■ and HHM ■ did not have evidence of a current TB clearance or TB exclusion on file.
- 41.(b)(5)(C) - The alternate transportation plan was outdated and did not address current CGs.
- 41.(g) - CCFFH did not have evidence that CG ■, ■, ■ and ■ had completed the basic skills check.

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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) - The CCFFH did not have evidence that the RN delegations have been completed for Client ■ by CG ■, ■, ■ and ■.

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Client Account

[11-800-48]

- 48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

- 48.(a) - The CCFFH does not have evidence that a written accounting log has been maintained for funds received and expenses on the client's behalf.

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Records

[11-800-54]

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)(8) Personal inventory.

Comment:

54.(c)(2) - Client [REDACTED] s admitted to the CCFFH on [REDACTED]. The CCFFH did not have evidence of a Service Plan in the client records. (Located signature page only)

54.(c)(5) - The CCFFH did not have evidence that a June MAR has been initiated. Medications for June 1 and June 2 had not been documented as given at the time of the inspection.

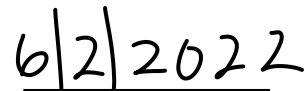
54.(c)(8) - The CCFFH did not have evidence that a personal inventory log has been initiated for Client [REDACTED]



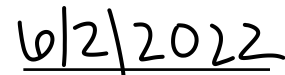
Compliance Manager



Primary Care Giver



Date



Date