

# Foster Family Home - Deficiency Report

Provider ID: 1-150046

Home Name: Lilia Basilio, CNA

Review ID: 1-150046-10

94-116 Haaa Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 6/30/2022

## 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 annual inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 7/30/22.

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

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.(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.(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) (4)- C [REDACTED] without a [REDACTED] Caregiver Disclosure Form completed.

41.(e)- C [REDACTED] without a department approval to provide services in a 3-bed CCFFH. Approval Form was only for 2-bed CCFFH.

41.(g)- CG [REDACTED] without evidence of having had the basic skills checks completed in Client [REDACTED]'s chart.

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(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- C [REDACTED]'s department approval was for a 2-bed; this 3-bed CCFFH utilized C [REDACTED] according to the Sign In/Out Sheet for [REDACTED] and [REDACTED]

## 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 for CG [REDACTED] in Client [REDACTED] chart.

C [REDACTED] (no approval for a 3-bed CCFFH) received RN delegations according to Client [REDACTED] and Client [REDACTED]'s chart.

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3 Person Fire Safety,  
Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

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

Comment:

(3P) (b)(1)- No monthly fire drill completed for the months of October 2021, November 2021, December 2021, March 2022, and May 2022.

(3P) (b)(6) Fire- No evidence that CG#2 and CG#3 conducted a monthly fire drill for the past 12 months.

Foster Family Home

Records

[11-800-54]

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

Comment:

54.(c)(5)- Medication discrepancies noted for Client [REDACTED] and Client [REDACTED]. Client [REDACTED] - Medication Administration Record was last signed on [REDACTED]. Client [REDACTED] - One medication's MD order did not match the client's Medication Administration Record (MAR). One medication was not discontinued in the client's MAR. Client's MAR was last signed on [REDACTED].

Sharibel Naleamine, RN 6/30/22

Compliance Manager

Date

Aptasilio

Primary Care Giver

Date

6/30/22