

Foster Family Home - Deficiency Report

Provider ID: 1-140022

Home Name: Fidela L.R. Batoon, CNA

Review ID: 1-140022-13

1016 Laakea Place

Reviewer: Maribel Nakamine

Honolulu

HI 96818

Begin Date: 7/29/2022

Foster Family Home	Required Certificate	[11-800-6]
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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 8/29/22.

The issue of unapproved caregiver will be addressed separately in a NOVO (Notice of Violation of Order).

Foster Family Home	Background Checks	[11-800-8]
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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's APS/CAN lapsed on 5/30/21 and no current result present; HHM#2's APS/CAN/Fingerprint lapsed on 5/30/21 and no current result present.

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

- 41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

- 41.(j) When the primary caregiver will be absent or unable to perform regular duties, and clients are present, the primary caregiver shall:

- 41.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

41.(b)(7)- CG#2's TB clearance lapsed on 8/3/19 and CG#3's lapsed on 10/8/20 and no current results for both were present.
 41.(b)(8)- CG#1, CG#2, and CG#3's CPR/First Aid training lapsed on 8/23/21 and no current certifications were present. Blood borne pathogen and infection control training lapsed on 8/23/20 for CG#1, CG#2, and CG#3 and no current certifications were present for all.
 41.(c)- CG#1 with no hours of the annual in-services training for the year 2022; CG#2 and CG#3 both lacked hours for the year 2021 and 2022.
 41.(f)(1)- HHM#2's TB clearance lapsed on 8/13/20 and no current result was present.
 41.(h),(j),(j)(2)- An unapproved caregiver was present in the CCFFH upon CTA's arrival. No department approved caregiver was in the CCFFH when all rooms/premises of the CCFFH were checked.

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#1 was not home upon CTA's arrival; no entry was recorded in the Sign In/Out Form. The last entry was on 5/19/19.

Foster Family Home	Client Care and Services	[11-800-43]
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- 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 of Oral/Eye medications administration for CG#2 and CG#3 in Client #2'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), (6)Fire- No monthly fire drills completed from 10/2021 thru June 2022. CG#2 and CG#3 without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c) - A lifesaving twice a day dosage of Client #2's medication was not administered to the client from 7/25/22 at 8:00pm thru 7/29/22 as evidence of no caregiver's signatures and the medication bottle was empty (bottle label - no refills). CG#1 admitted that pharmacy was called today but unable to refill due to prescription needing to be renewed by client's MD.

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 #2's bedroom doorknob without an approved lock from the inside. Under the My Choice My Way, clients have the right to privacy.

Foster Family Home

Records

[11-800-54]

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;

Comment:

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

Client #1- Medication Administration Record (MAR) was last signed on 7/25/22.

Client #2- client's MAR was last completely signed on 7/24/22 and partially on 7/25/22. One daily medication was not transcribed in the MAR.

54.(c)(6)- Client #1's Daily Care Flowsheet was last signed on 7/25/22. Client #2's Daily Vital Signs was last recorded in May 2022 in the Daily Vital Signs flowsheet.

Michelle Nakamine, RN 7/29/22
Compliance Manager Date
Arbaton 7/29/22
Primary Care Giver Date