

Foster Family Home - Deficiency Report

Provider ID: 1-190087

Home Name: John Morick U. Tiu, CNA

Review ID: 1-190087-7

1052 Luehu Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 8/10/2022

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 9/10/22.

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#5, HHM#6, and HHM#7.

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

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

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

Comment:

41.(a)(1)- No written authorization or in rental agreement that CG#1 was authorized to operate a CCFFH in property by landlord.

41.(b)(4)- No [REDACTED] Disclosure Form completed/present for CG#2 in the CCFFH binder.

41.(b)(7)- CG#3's TB clearance lapsed on 4/3/22 and was done on 7/27/22; CG#4's lapsed on 2/23/22 and was done on 7/20/22.

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 on Oral/Eye Medications Administration for CG#1, CG#2, CG#3, CG#4, and CG#5 in Client #2's chart.

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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 fire drill completed 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.

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(c)- No list of medications' side effects present in Client #1's chart.

47.(d),(d)(1)- No written MD order for Client #1's full bedrails.

Foster Family Home Physical Environment [11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2)- No grab bars in the clients' shower and toilet.

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)- CG#4 and CG#5 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home Records [11-800-54]

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

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(3) Current copies of the client's physician's orders;

54.(c)(8) Personal inventory.

Comment:

54.(c)(1)- Client #1's vital information/facesheet without the MD/PCP name and contact information.

54.(c)(2)- Client #2 without a Service Plan present in client's chart.

54.(c)(3)- No MD's Admission Order present in Client #1's chart.

54.(c)(8)- No Personal Inventory list completed for Client #1.

Maribel Malcom, RN 8/10/22

Compliance Manager

Date

APU/in

Primary Care Giver

8/10/22

Date