

# Foster Family Home - Deficiency Report

Provider ID: 1-562670

Home Name: Juanito Castanaga, CNA

Review ID: 1-562670-14

94-968 Lumimoe Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 8/5/2022

## 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 inspection with a written plan of correction due to CTA on 9/5/22.

The issues of unapproved caregiver and PCG not residing in the CCFFH will be addressed under separate covers.

## 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)- CG#3's APS/CAN/Fingerprinting lapsed on 3/18/22 and no current results present in the CCFFH binder. HHM#2 without any result of APS/CAN/Fingerprinting.

## 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#2.

# Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(a)(1) Reside in the community care foster family home;

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- 41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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

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- 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.

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- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

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- 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.

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

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- 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.(a)(1)- CG#1 without a bedroom in the CCFFH. Per HHM#2, CG#1 lives next door in spouse's care home. CG#1 was present while HHM#2 reported to CTA. CTA asked CG#1 and admitted to not residing in the CCFFH.  
 41.(b)(5)- CG#1's Driver License/ID expired on 2/17/22.  
 41.(b)(7)- CG#3's TB clearance lapsed on 9/14/21 and no current results present.  
 41.(c)- CG#1 without any hours of annual in-services for the year 2022; CG#2 without any hours for the years 2021 and 2022; CG#3 without any hours for the year 2022.  
 41.(f)(1)- HHM#2 without any TB clearance results present.  
 41.(h), (j), (j)(2)- CG#1 was not in CCFFH at the start of survey. An unapproved caregiver was present and alone with Client #1.

Foster Family Home	Fire Safety	[11-800-46]
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- 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.

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- 46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- No monthly fire drill conducted since 9/5/21. 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]
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- 47.(d)(2) Reflected in the client's service plan; and

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- 47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(d)(2)- Client #1 with full bedrails were not addressed in client's Service Plan dated 2/3/22.  
 47.(e)- No training present for CG#1, CG#2, and CG#3 for Client #1's pureed diet. CG#1 was observed by CTA to be feeding Client #1 with a regular consistency diet (apple pastry) during survey.

# Foster Family Home - Deficiency Report

## Foster Family Home 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)- Client #1's account record of Personal Allowance Expenses with a last entry of 8/3/21. No current balance was present.

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

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

Comment:

49.(c)(3)- Dining area's lighting was not functioning- no lights were on when switch was turned on.

## Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)- CCFFH's General Liability insurance lapsed on 12/31/2020 in the CCFFH binder.

## Foster Family Home Fiscal Requirements [11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a),(b),(c)- 2021 and 2022 Budget was incomplete. CG#1 was unable to show proof of CCFFH's financial resources.

## Foster Family Home Client Rights [11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15)- CCFFH's visiting hours policy was restricted from 8:00am-5:00pm. Under the My Choice My Way, visiting hours should not be restricted.

## Foster Family Home Records [11-800-54]


54.(b)(1) Permit effective professional review by the case management agency, and the department; and


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.(b)(1)- CCFFH binder was in disarray making it difficult to survey - documents misfiled and there were some missing documents. CG#1 unable to locate during CCFFH survey.

54.(c)(6)- No Daily Care Flowsheet present for July 2022 and August 2022 for Client #1.

  
 Compliance Manager 8/5/22  
 Date

  
 Primary Care Giver 8/5/22  
 Date