

# Foster Family Home - Deficiency Report

Provider ID: 1-090067

Home Name: Julien Vergara, CNA

Review ID: 1-090067-20

45-138 D William Henry Road

Reviewer: Po Lim

Kaneohe HI 96744

Begin Date: 7/18/2022

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced inspection made for a 3-bed recertification. Corrective action report issued during inspection with corrective action plan due to CTA on 8/18/2022. (30 days from the date the CCFFH is given their deficiency report).

## 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 and 8.a.2. CG#3 (HHM#2) APS and CAN are expired on 9/9/2021. HHM#3, 5, 6, 7, and 11 does not meet the two set of APS CAN Fingerprints requirements within a 12 month period.

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

41.(a)(2) Be a NA, an LPN, or RN;

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

Comment:

41.a.2. CG#1 and #3 have expired professional licensure. CG#1 expired on 9/30/2020. NO renewal present. CG#3 expired 6/30/2021, no renewal present.

41.b.7. CG#1 TB/screening lapse and expired 6/8/2021, renew completed on 3/23/2022.

41.b.8. CG#1 lapsed on CPR and First Aid. Expired on 5/9/2018 and renew on 4/16/2022.

41.f.1. HHM#3 TB/screening expired on 6/27/2020, no current present. HHM#5 TB/Screening expired 7/13/2018, no renew present. HHM#6 TB expired 4/3/2021, no renew present. HHM#7 and #9 are missing TB/Screening form. HHM#11 TB expired on 6/12/2021, no new present.

# Foster Family Home - Deficiency Report

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. Last fire drill was conducted on 3/15/2022, no new drill conducted thereafter. Whiteout was used on some form and unable to confirmed who and when on the form.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;

Comment:

49.a.3 Dining area and dining table is clutter with zero space for activities or socialization.

3 Person Physical Environment

3 Person Physical Environment

(3P) Env.

(3P)(c)(2) Env. the room must be adequate for socialization and dining by the clients, preferably with the family

(3P)(c)(3) Env. the room must have adequate furnishings, e.g., tables and chairs

Comment:

3P.c.2 and 3P.c.3. Dining Area, floor and table are cluttered. Zero space and can not be utilized.

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 Emergency Preparedness Plan is missing and not present.

Foster Family Home

Records

[11-800-54]

54.(a)(3) A list of applicable community resources.

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.a.3 Resource list is missing and not present.

54.c.5 and 54.c.6. All three Clients MAR and daily flow sheet are missing entries. Client #1 and #2 are missing entries for 7/17/2022 AM and PM. Both are also missing daily flow sheet and vitals from 7/14/22 to 7/18/2021 AM. Client #3 is missing MAR entries from 7/16/22 through 7/18 AM.

Compliance Manager

Primary Care Giver

Date

Date