

Foster Family Home - Deficiency Report

Provider ID: 4-510869

Home Name: Luz Alonzo, CNA

Review ID: 4-510869-13

508 South Kamehameha
Avenue

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 8/9/2022

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 9/9/2022.

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) CCFFH did not have evidence of a current eCrim report for CG #1, #2, #3, #4, #5 and HHM #7 and #8.

8.(a)(2) - CCFFH did not have evidence of Fingerprint/APS/CAN for HHM #7 and #8.

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) - CCFFH did not have evidence of confidentiality training for HHM #7 and #8.

Foster Family Home Operation of CCFFH [11-800-39]

39. Any person, agency, or organization that wants to operate a home as a community care foster family home shall obtain a certificate of approval from the department. The person, agency, or organization shall:

Comment:

39. - CCFFH did not have evidence that the current certificate is posted in a publicly viewable location.

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

- 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

Comment:

41.(b)(4) - CCFFH did not have evidence of a current disclosure form and was not accurate for the number of HHM residing in the CCFFH.

41.(b)(5) - CG#1 and CG#2 did not have evidence of a current driver's license on file. CG#6 did not have evidence of vehicle insurance and was not included on the CCFFH alternate transportation plan.

41.(c) - CG#1 did not have evidence of 12 hours of inservice training on file. CG#2, #3, #4, and #5 only had 10 hrs of inservice training in the last 12 months. (These CGs had a certificate for training on 1/22/22 and 1/29/22 that covered the same 4 topics.)

41.(f)(1) - HHM#7 and #8 did not have evidence of a TB clearance or a TB exclusion form on file.

| 3 Person Staffing | 3 Person Staffing Requirements | (3P) Staff |
|-------------------|--------------------------------|------------|
|-------------------|--------------------------------|------------|

- (3P)(b)(4) Staff To maintain your three person certificate all of your caregivers must meet the requirements of an SCG working more than 3 hours in the home even if you only have one client.

Comment:

(3P)(b)(4) Staff - CCFFH did not have evidence that a 3 bed sign out record was in use.

| 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) - RN delegation was not present for CG#3 and #6 for client #2

| 3 Person Fire Safety, Natural Disaster | 3 Person Fire Safety | (3P) Fire |
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- (3P)(b)(1) Fire shall be conducted monthly

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

- (3P)(e)(2) Fire Emergency escape and rescue routes shall be provided in the sleeping rooms of the clients. The routes shall be in accordance with applicable county one and two family building code requirements;

Comment:

(3P)(b)(1) Fire, (3P)(b)(6) Fire - CCFFH did not have evidence that fire drills were being conducted monthly. Last fire drill was documented in January 2022. CG#2, #5 and #6 did not have evidence of conducting a fire drill in the last 12 months.

(3P)(e)(2) Fire - CCFFH did not have a copy of the emergency evacuation map posted in a publicly viewable location.

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Quality Assurance

[11-800-50]

50.(b) Adverse events shall be reported

Comment:

50.(b) - CCFFH did not have evidence that an adverse event report had been completed for client #1, client #2 and client #3

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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.

Comment:

52.(a)- CCFFH did not have evidence that a monthly budget was being maintained. Last documented budget was from 2020.

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Records

[11-800-54]

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)(5) Medication schedule checklist;

Comment:

54.(c)(2) - Service plan for client#3 did not match the current practice for vital sign frequency

54.(c)(3) - Client #1 did not have a copy of signed current physician orders. Chart contained three lists of medications and none matched the current MAR.

54.(c)(5) - Medication discrepancies noted for client #1, #2 and #3

Client #1 - Medications on MAR indicated they were discontinued. There was not physician order indicating what medications were currently ordered for the client.

Client #2 - Daily medication was not documented as given in July 2022. The August MAR was not transcribed completely. (Doses, frequency missing). One medication was dependent on BP results and was not documented as given on 2 occasions in July, when it should have been administered.

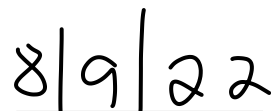
Client #3 - August MAR was not transcribed completely. (Missing dose, route, frequency)



Compliance Manager



Primary Care Giver



Date



Date