

Foster Family Home - Deficiency Report

Provider ID: 1-200036

Home Name: Malcolm Angelo Ibera, NA

Review ID: 1-200036-5

99-564 Huakanu Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 8/2/2022

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 annual inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 9/2/22.

The issue of the PCG (CG#1) not residing in the CCFFH will be addressed in a separate cover.

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 CG#2.

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)(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.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(a)(1)- No evidence of CG#1 residing in the CCFFH. No personal belongings; no bedroom in the CCFFH. Per CG#2, CG#1(Primary Caregiver permanently reside in a different address- parents' care home next door).

41.(b)(4)-No updated Primary Caregiver Disclosure Form completed to reflect current household members.

41.(b)(5)- CG#1's ID/Driver's license copy expired on 7/30/22 in the CCFFH binder.

41.(g)- CG#2 without a Basic Skills Checks completed in Client #1 and Client #2's charts.

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)- CG#2 without an RN delegations present on Oral/Topical/Eye medications administration in Client #1 and Client #2's charts.

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

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

Comment:

46.(b)(2)- CG#2 without evidence of having conducted a monthly fire drill for the past 12 months.

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)- CCFFH was in charge of Client #2's monthly allowance. No records/balance of funds. Client's Personal Allowance Record was blank. CG#2 was unable to provide other written records during the CCFFH's survey.

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

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- No car insurance policy present in the CCFFH binder.

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

54.(c)(5) Medication schedule checklist;

Comment:

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

Client #1- Medication Administration Record (MAR) without signatures of any caregivers for 8/1/22 PM scheduled medicines and 8/2/22 AM medicines. One lifesaving medication's frequency was written incorrectly in client's MAR. One medication didn't match the medication's label when compared with the MAR and MD's order. One medication without a written MD order and being given to client daily (not in MAR) as reported by CG#2 during survey.

Client #2- client's MAR without signatures of any caregivers on 8/1/22 PM and 8/2/22 AM. One medication was not transcribed in the MAR from 4/14/22- 8/2/22. Per CG#2- medication was being administered daily.

Maukel

Compliance Manager

Mel Collins

Primary Care Giver

Nakamine, RW

Date

8/4/22

Date