

Foster Family Home - Deficiency Report

Provider ID: 1-200039

Home Name: Villamore Ibero, NA

99-447 Paihi Street

Aiea HI 96701

Review ID: 1-200039-5

Reviewer: Maribel Nakamine

Begin Date: 7/29/2022

Foster Family Home	Required Certificate	[11-800-6]
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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 8/29/22.

Foster Family Home	Background Checks	[11-800-8]
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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)- HHM#1 without any results of APS/CAN/Fingerprinting in the CCFFH binder.

Foster Family Home	Information Confidentiality	[11-800-16]
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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#5 and HHM#1.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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.(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.(b)(7)- CG#1's TB clearance lapsed on 9/2/21 and was done on 11/4/21.

41.(c)-CG#1 was short of 3 hours of the required 12 hours of the annual in-services training.

41.(g)- No basic skills checks completed for CG#5 in Client #1's chart.

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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 present for CG#5 in Client #1's chart.

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.

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 completed from 12/2021- 6/2022. CG#5 without evidence of conducting a monthly fire drill 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.

Comment:

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

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)- No Emergency Preparedness plan training present for CG#5.

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)(5) Medication schedule checklist;

54.(c)(8) Personal inventory.

Comment:

54.(b)(1)- CG#1's CCFFH binder was in disarray which made the survey difficult.

54.(c)(5)- Client #1's Medication Administration Record (MAR) was last signed on 7/13/22.

54.(c)(6)- Client #1's Daily Care Flowsheet was last signed on 7/27/22.

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

Marekell Nakomine, RN 7/29/22
Compliance Manager Date
[Signature] 7/29/22
Primary Care Giver Date