

# Foster Family Home - Deficiency Report

Provider ID: 1-511578

Home Name: Juliana Domingo, CNA

Review ID: 1-511578-12

94-231 Kahuamo Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/28/2022

## 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 CCFFH inspection with a written plan of correction due to CTA on 8/28/22.

## 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)- No 2nd fingerprint result present in the CCFFH binder for CG#1. HHM#2 and HHM#3 were without any results 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 CG#3.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Personnel and Staffing

[11-800-41]

- 41.(a)(1) Reside in the community care foster family home;
- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and
- 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)(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.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.
- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

- 41.(a)(1)- No written authorization present in the rental agreement from landlord for CG#1 to operate a CCFFH.
- 41.(a)(3)- No Job Experience forms completed by CG#1, CG#2 and CG#3.
- 41.(b)(4)- No [REDACTED] Caregiver Disclosure Form completed by CG#3.
- 41.(b)(7)- CG#2's TB clearance result lapsed on 5/3/22 and was done on 7/18/22. CG#3's lapsed on 11/25/21 and no current result present.
- 41.(c)- CG#1 was short of 8 hours of the required 12 hours for the year 2021; CG#2 was short of 6 hours for the year 2022 and zero hours for the year 2021.
- 41.(e)- CG#2 and CG#3 without the department approvals [REDACTED] form in the CCFFH binder.
- 41.(f)(1)- HHM#2 and HHM#3 without any TB clearances results.

## 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#3 in Client #2's chart on Oral/Ophthalmic medications administration.

## 3 Person Fire Safety, Natural Disaster

## 3 Person Fire Safety

(3P) Fire

- (3P)(b)(1) Fire shall be conducted monthly
- (3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

- (3P)(b)(1), (b)(6) Fire- No monthly fire drills completed for the past 12 months. CG#1, CG#2, and CG#3 were without evidence of having conducted a monthly fire drill for the past 12 months.

# Foster Family Home - Deficiency Report

## 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 in Client #1's chart.

## Foster Family Home

### Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

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

49.(e) The home shall have policies regarding smoking on the property that:

Comment:

49.(a)(4)- Emergency exit doors- front and Client #1's exit bedroom door that leads to the ramp/lanai were obstructed with a large animal cage, exercise bike, desk chair, wheelchair, and other household items preventing a wheelchair to pass through safely in the event of an emergency/evacuation.

49.(c)(3)- Live cockroaches were observed crawling on the kitchen floors and under the kitchen counter near the sink.

49.(e)- No smoking policy present.

## 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)- CG#2 and CG#3 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan. No Emergency Preparedness Plan present in the CCFFH's binder.

## Foster Family Home

### Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

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

Comment:

53.(b)(9)- Clients' bathroom without a door; noted a vertical blind in place of the door (cannot be locked for client's privacy.

53.(15)- No visiting policy present.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

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

54.(c)(8) Personal inventory.

Comment:

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

Client #1- one medication's label and MD order didn't match the client's Medication Administration Record(MAR). No MD order for one medication to be discontinued. One daily medication was not available. One medication was missing an MD order to discontinue.

Client #2- two daily medications were not written in the client's MAR. One lifesaving medication didn't match the bottle's label/MD order with MAR. One medication that had discontinued order on 8/30/21 was still in the client's MAR and had been signed on a daily basis. One lifesaving medication was not transcribed in the client's MAR.

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

Mariabel Nakarine, RW

Compliance Manager

Juliana DOMINAN

Primary Care Giver

7/28/22

Date

7/28/22

Date