Foster Family Home - Deficiency Report

Provider ID:	**4-587785**		
Home Name:	**Mary Jean Guira, RN**	**Review ID:**	**4-587785-12**
383 West Papa Avenue		Reviewer:	Terri Van Houten
Kahului HI 96732		Begin Date:	7/12/2022

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 8/12/2022.

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;

Comment:

8.(a)(1) - CG#3 did not have evidence of a current state name check on file.

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.(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.

Comment:

41.(b)(7) - CG#2 TB clearance expired 5/17/22. No current TB clearance on file.

41.(b)(8) - CG#2 CPR and First Aid expired 5/2022.

41.(c) - CG#3 did not have evidence of 8 hours of in-service training on file

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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) - Client #1's service plan indicated that blood pressure (BP) and respiratory rate (RR) will be monitored weekly. There was inconsistent documentation reflecting weekly documentation of BP and RR.

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), 46.(b)(2) - CCFFH did not have evidence that monthly fire drills were conducted. The last documented fire drill occurred in January 2022. CG#3 who was present on CTA arrival was not aware of how to test the smoke detector. CG#2 did not have evidence that they have conducted a fire drill within the last 12 months.

Foster Family Home	Physical Environment	[11-800-49]

49.(a)(4)	Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;
49.(a)(5)	An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and
49.(a)(6)	A means of unobstructed travel from the client’s bedroom to the outside of the dwelling at street or ground level.
49.(b)(1)	Have a bedside curtain or screen to ensure privacy when a room is shared by the client and another person;
49.(c)(3)	The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(4), 49.(a)(6) - The CCFFH was crowded with furnishings throughout all areas making it difficult to navigate in a wheelchair or with a walker. Client #1 requires maximum assistance and uses a wheelchair to access areas in the home that have a television.

49.(a)(5) - The CCFFH had a smoke detector that connects to the county that indicated that it was "offline". The CCFFH had 2 additional smoke detectors but neither had a battery and were not operational.

49.(a)(5) - The CCFFH had a fire extinguisher that was dated from 2012 (10 years old) which was covered in dust and grime and the handle appeared broken.
49.(a)(6) - The back exit from the CCFFH was blocked by an end table holding supplies. This is the exit closest to Client #1's bedroom.

49.(b)(1) - Client #1's bedroom previously had a wall separating it from a second bedroom space. The wall was removed and there were two doorways into the client's room that do not have doors and are open to pass through to get to the kitchen area.

49.(c)(3) - The CCFFH was cluttered with furniture throughout. There is poor lighting in the main living space, the hallways and bathrooms. There were two light fixtures in the hallway that did not have a lamp covering (exposed light bulb only). The client restroom had a large torn patch on the dry wall next to the shower. The room identified as the second client room had a large missing patch from the ceiling. CG#1 indicated this was from water damage. There was also a missing ceiling panel that was open to the attic space.

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:
50.(b)	Adverse events shall be reported

Comment:

50.(a) - The internal structure of the CCFFH has been modified and are not reflected on the current evacuation map.

50.(b) - Client #1 was seen in the ER in March of 2022. The CCFFH did not have evidence that an adverse event report was submitted for either event.

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

51.(a)(2)	Automobile; and

Comment:

51.(a)(2) - CG#2 is listed as an alternate driver for clients. The CCFFH did not have evidence of CG#2's current automobile insurance coverage.

Foster Family Home - Deficiency Report

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

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.(c)(6) - Client #1 did not have evidence that vital signs were being monitored weekly as evidenced by missing documentation on the ADL flow sheet.

Compliance Manager

7/12/22
Date

Primary Care Giver

7/12/22
Date

CTA RN Compliance Manager: Terri Van Houten

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Mary Jean Guira
(PLEASE PRINT)

CCFFH Address: 383 W Papa Ave. Kahului, HI 96732
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(1)	Ecrim was obtained for CG#3. It was placed into home record.	7/12/2022	CCFFH will use cp calendar to identify when requirements are due to prevent from expiring. CG#1 will inform other CGs when an item is due 3 weeks before it is due.
41.(b)(7)	TB clearance corrected according to department guidelines. TB clearance was placed into home record.	7/13/2022	CCFFH will make sure to follow in accordance to department guidelines.
41.(b)(8)	CPR and First Aid obtained for CG#2. It was placed into home record.	7/8/2022	CCFFH will use cp calendar to identify when requirements are due to prevent from expiring. CG#1 will inform other CGs when an item is due 1month before it is due.
41.(c)	In-service training for CG#3 for this year obtained. It was placed into home record.	7/12/2022	CCFFH will place CGs in-service training on file as soon as it is completed.
43.(c)(3)	Documentation for BP and HR was monitored as indicated in client's Service Plan. It is monitored every Wednesday of the week.	7/13/2022	BP and HR will be monitored every Wednesday of the week as indicated in client's Service Plan.

☒ All items that were corrected are attached to this POC

PCG's Signature: Mary Jean B. Guira Date: 8/30/22

☒ CTA has reviewed all corrected items

101821 S. Young

CTA RN Compliance Manager: Terri Van Houten

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Mary Jean Guira
(PLEASE PRINT)

CCFFH Address: 383 W Papa Ave. Kahului, HI 96732
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
46.(a), 46.(b)(2)	Misfiled. Monthly fire drills were properly filed into home record. CG# 3 was shown on how to test smoke detector. CG#3 able to return demonstration on how to test smoke detectors.	7/12/2022	All CGs will be trained on how to test smoke detectors and to implement appropriate emergency procedures and monthly fire drills will be done by different CGs at different times monthly.
49.(a)(4), 49.(a)(6)	Furnitures were removed in client#1's room for easier access.	7/12/2022	CCFFH will make sure of clear pathway and to remove any obstruction from client's bedroom to the outside of the dwelling.
49.(a)(5)	Batteries were placed to smoke detectors and now operational.	7/12/2022	CCFFH will make sure that operating smoke detectors are in place.
49.(a)(5)	New fire extinguishers were obtained.	7/12/2022	CCFFH will make sure that fire extinguishers are operational, up-to-date and in place.
49.(b)(1)	Curtains were placed for client#1's privacy.	7/13/2022	CCFFH will ensure to maintain client's privacy at all times by having a curtain and or a wall separating rooms from other clients.

☒ All items that were corrected are attached to this POC

PCG's Signature: Mary Jean B. Guira Date: 8/30/22

☒ CTA has reviewed all corrected items

101821 S. Young

CTA RN Compliance Manager: Terri Van Houten

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Mary Jean Guira
(PLEASE PRINT)

CCFFH Address: 383 W Papa Ave. Kahului, HI 96732
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
46.(c))(3)	New light fixtures were installed in the hallway, main living space and bathroom. Large torn patch of the dry wall next to the shower was painted. Large missing patch from the ceiling of #2 bedroom currently being fixed. Missing ceiling panel to the attic space was now covered.	7/13/2022	CCFFH will make sure of a well ventilated and adequately lighted home for everyone's safety.
50.(a)	Evacuation map has been updated.	7/12/2022	CCFFH will make sure of updated evacuation map and should be according to the internal structure of the home. It should be visible and known for everyone in case of emergency.
50.(b)	AE was misfiled and placed into client's record.	7/12/2022	CCFFH will make sure that adverse events are promptly reported and filed.

☒ All items that were corrected are attached to this POC

PCG's Signature: Mary Jean B. Guira Date: 8/30/22

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Mary Jean Guira
(PLEASE PRINT)

CCFFH Address: 383 W Papa Ave. Kahului, HI 96732
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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
52.(a)(2)	CG#2 current automobile insurance coverage obtained and placed to home record.	7/12/2022	CCFFH will make sure that all alternate drivers' auto insurance coverage copy is on file.
54.(c)(6)	Lapse cannot be corrected. Started today (Wednesday) to monitor client's VS.	7/13/2022	CCFFH will consistently document client's VS every Wednesday of the week as indicated in client's Service Plan to monitor weekly. CCFFH will make sure that VS is documeted in client's ADL flowsheet.

☒ All items that were corrected are attached to this POC

PCG's Signature: Mary Jean B. G Date: 8/30/22

☒ CTA has reviewed all corrected items