

Foster Family Home - Deficiency Report

Provider ID: 1-150036

Home Name: May Rose Coloma, CNA

Review ID: 1-150036-13

1261 Nanakai Street

Reviewer: Maribel Nakamine

Pearl City

HI 96782

Begin Date: 7/14/2022

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 to CCFFH during inspection with a written plan of correction due to CTA on 8/14/22.

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 APS/CAN/Fingerprint result present in the CCFFH binder for C [REDACTED].

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 C [REDACTED] in the CCFFH binder.

Foster Family Home Personnel and Staffing [11-800-41]

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 [REDACTED]'s TB clearance result dated [REDACTED] with questionable signature- no title written of person who signed the form. C [REDACTED] without a TB clearance result.

41.(b)(8)- C [REDACTED]'s blood borne pathogen and infection control certification lapsed on [REDACTED] and no current certificate was present in the CCFFH binder.

41.(c)- No annual in-service training was present for C [REDACTED].

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3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P) (b) (2) Staff- No Sign In/Out Sheet completed for the past 12 months.

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) Fire- No monthly fire drill completed from December 2021 thru June 2022.

(3P) (b) (6) Fire- CG [redacted] and C [redacted] were without evidence of conducting a monthly fire drill for the past 12 months.

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 initiated for C [redacted] and C [redacted].

Foster Family Home

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)(5) Medication schedule checklist;

Comment:

54.(c)(2)- No Service Plan present in Client [redacted] chart since admitted to CCFFH on [redacted].

54.(c)(5)- Medication discrepancies noted for Client [redacted] and Client [redacted].

Client [redacted] - one medication was missing an MD's order.

Client [redacted] one medication's frequency was written incorrectly in the client's Medication Administration Record (MAR). One daily [redacted] medication was not transcribed in the MAR. MAR was last signed on [redacted].

Manuel Sakamine, Jr

Compliance Manager
Date 7/14/22

[Signature]

Primary Care Giver
Date 7/14/22