

# Foster Family Home - Deficiency Report

Provider ID: 1-562208

Home Name: Natylia Miyat, CNA

Review ID: 1-562208-10

1328 Anapa Street

Reviewer: Maribel Nakamine

Honolulu

HI 96818

Begin Date: 7/27/2022

## 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 8/27/22.

CCFFH with a 4th client; No CMA; No Level of Care determination.

## 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)- CG#4's Ecrim lapsed on 1/24/22 and no current result present; CG#6 without the 2nd set of APS/CAN/Fingerprint present in the CCFFH binder.

## 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#5 and HHM#2.

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

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.(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)(4)- CG#6 without a completed [REDACTED] Caregiver Disclosure form.

41.(g)- No Basic Skills Checklist completed for CG#1, CG#2, CG#4, CG#5, and CG#6 in Client #1's chart; Client #2's chart without the checklist completed for CG#4, CG#5, and CG#6.

# Foster Family Home - Deficiency Report

Foster Family Home

Client Care and Services

[11-800-43]

43.(a) The home shall care for not more than two adults at any one time who are unrelated to the foster family, or if certified by the department for three beds; shall care for not more than three adults, pursuant to the requirements under section 321-481, HRS.

43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

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.(a)- CCFFH with a 4th client unrelated to CCFFH; client admitted to paying CG#1 privately for rent and services and was not under a Case Management Agency.

43.(b)- CCFFH with 2 Private Pay clients.

43.(c)(3)- No RN delegations on Oral Medications Administration & Wound Care for CG#1, CG#2, CG#4, CG#5, and CG#6 in Client #1's chart. No RN delegations on Oral/Topical Medications Administration for CG#5 and CG#6 in Client #2's chart.

**3 Person Fire Safety,  
Natural Disaster**

**3 Person Fire Safety**

**(3P) Fire**

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(2)Fire- No nighttime monthly fire drill conducted for the past 12 months.

(3P)(b)(6)Fire- CG#4 without evidence of having conducted 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 in Client #1's chart.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1)- No grab bars present in the clients' bathroom toilet.

# Foster Family Home - Deficiency Report

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)- CG#2, CG#4, CG#5, and CG#6 were without evidence of having had the CCFFH's Emergency Preparedness Plan training.

50.(b)- No Adverse event forms completed for Client #1's wounds (back and left lateral ankle) sustained at different dates.

Foster Family Home

Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

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

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.(b)- No binder/chart present for the CCFFH's 4th client.

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

Client #1- one topical medication for client's wound treatment prescribed by MD was not transcribed in the client's Medication Administration Record (MAR).

Client #2- an antibiotic medication prescribed by MD for 2x/day for 14 days was signed by CG#1 for 21 days in the client's MAR; pharmacy dispensed a total of 28 tablets (14 days' worth).

54.(c)(6)- No monthly RN Summary present in Client #1's chart from 7/1/2021 thru 6/2022.

54.(c)(6)- Client #1's Daily Care Flowsheet was last signed on 7/17/22.

Maibela Nakamire, RC

Compliance Manager

Natasha M. Shigat

Primary Care Giver

7/27/22

Date

7/27/22

Date