

# Foster Family Home - Deficiency Report

Provider ID: 6-180059

Home Name: Arsenia Masiglat, NA

Review ID: 6-180059-9

425 Kikipua Street

Reviewer: Terri Van Houten

Kaunakakai HI 96748

Begin Date: 8/16/2022

## 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 9/16/2022.

The issue of using an unapproved caregiver will be addressed under separate cover. Please continue to address your Deficiency Report (DR) and submit by the due date specified on your DR.

## 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) - CG#3 did not have a current copy of a state name check (eCrim) on file. Expired 1/3/22. CG#5 did not have evidence of first two sets of fingerprints on file.

8.(a)(2) - CG#1 lapse in APS/CAN. Was due on or before 7/29/22 and was completed on 8/3/22. CG#4 - APS/CAN expired 12/30/21, current copy of APS/CAN was not on file.

## 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) - CCFFH did not have evidence of confidentiality training completed for CG #2 and CG#5.

# Foster Family Home - Deficiency Report

| Foster Family Home | Personnel and Staffing | [11-800-41] |
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- 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.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
- 41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

- 41.(b)(4) - CCFFH did not have evidence that a disclosure form had been completed for CG #2 and CG#5.
- 41.(b)(7) - CCFFH did not have current evidence of TB clearance; CG#2 - TB clearance expired 3/16/22. CG#3 - TB clearance expired 6/13/22. CG#4 and CG#5 - did not have a current TB clearance and/or screening on file.
- 41.(b)(8) - CCFFH did not have evidence that CG#3 had current CPR/First Aid training. Card on file expired 6/30/22 and did not include first aid training. CG#4 - First aid training expired on 8/5/21,
- 41.(h) - On 8/4/22, CG#2 had left the CCFFH from 8 am to 10 am. Clients were left under the care of an unapproved caregiver.

| Foster Family Home | Medication and Nutrition | [11-800-47] |
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- 47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.
- 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.(b) - CCFFH did not have evidence that the medications are being regularly monitored by an RN or MD. Client #1 and #2 had discrepancies noted between the MAR and the last available MD orders.
- 47.(c) - The CCFFH did not have a list of medication side effects present for client #1.

| Foster Family Home | Quality Assurance | [11-800-50] |
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- 50.(b) Adverse events shall be reported

Comment:

- 50.(b) - CCFFH did not have evidence that all adverse events for client #2 had been reported to the CMA.

| Foster Family Home | Insurance Requirements | [11-800-51] |
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- 51.(a)(1) General;

Comment:

- 51.(a)(1) - CCFFH did not have evidence that CG#2 and CG#5 have been added on the liability insurance. CG#2 was present at the time of the inspection and is remaining with the clients while CG#1 is on vacation.

# Foster Family Home - Deficiency Report

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;

Comment:

53.(b)(9) - CCFFH did not have evidence that a lock was available on the bedroom door for client #1 or client #2 to allow for privacy.

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)(3) Current copies of the client's physician's orders;

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) - White out had been used on various documents in client #1 and #2's chart. Documents from Client #2 were noted to have been filed in the chart for client #1 for several documents.

54.(c)(3) - CCFFH did not have evidence of all current MD orders available in client #1's chart.

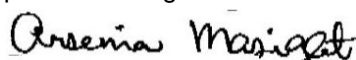
54.(c)(5) - Medication discrepancies noted between the MAR and the MD orders. Client #1 - dose discrepancy between MARs from July 2022 to August 2022. No MD orders were available to review for accuracy.

Client #2 - Discrepancy noted for medication which had been discontinued on the MAR. Dose given 3/31/22, then not documented as given from 4/1/22 through 4/30/22. Given 5/1/22 through 5/11/22, then discontinued.

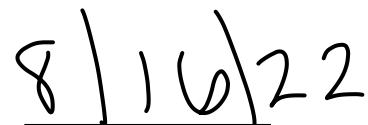
54.(c)(6) - ADL flow sheets for client #1 and client #2 did not consistently contain a CG signature.



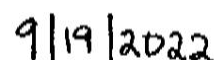
Compliance Manager



Primary Care Giver



Date



Date