

Foster Family Home - Deficiency Report

Provider ID: 1-190001

Home Name: Veneleen Cayetano, NA

Review ID: 1-190001-8

1444 Ala Mahamoe Street

Reviewer: Maribel Nakamine

Honolulu HI 96819

Begin Date: 9/26/2022

Foster Family Home	Required Certificate	[11-800-6]
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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 10/26/22.

Foster Family Home	Background Checks	[11-800-8]
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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)- APS/CAN/Ecrim lapsed on 12/16/21 and no current results were present.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(1) Reside in the community care foster family home;

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.(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.(a)(1)- No written authorization from landlord in Rental Agreement that CG#1 can operate or use residence as a CCFFH.

41.(b)(4)- CG#1's [REDACTED] Caregiver Disclosure was not updated to reflect the total of the current household members.

41.(b)(7)- CG#1's TB clearance result lapsed on 12/4/21 and CG#2's lapsed on 12/3/21. Both were without the current results.

41.(b)(8)- CG#1 without certification in basic first aid.

41.(c)- No annual in-services training for the year 2022- CG#1 lacked 12 hours and CG#2 lacked 8 hours.

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Foster Family Home

Physical Environment

[11-800-49]

49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;

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)(3)- client's living room area was cluttered with toys, bicycles, etc.

49.(c)(3)- Client #1's bedroom windows were covered with dust/filth. Family living room was full of cluttered items such as clothing, toys, etc.

49.(e)- No smoking policy present.

Foster Family Home

Quality Assurance

[11-800-50]

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

50.(e)(1)- CCFFH's binder/chart in disarray/unorganized which made the survey difficult.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- No automobile insurance policy present.

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)- No written authorization from the POA for a video monitoring device inside client #1's bedroom.

53.(b)(9)- Client #1's bathroom without a lock from the inside. Under the My Choice My Way, a lock should be provided for client's privacy rights.

53.(b)(15)- CCFFH's policy for visitation not present.

Foster Family Home

Records

[11-800-54]

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

54.(c)(8) Personal inventory.

Comment:

54.(c)(5)- one medication's dosage/label didn't match the client's Medication Administration Record (MAR) and MD's order.

54.(c)(8)- Client #1 without a completed Personal Inventory list in client's chart.

Maribel Nakamine

Compliance Manager

(SCG)

Primary Care Giver

Date

Date

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