

Foster Family Home - Deficiency Report

Provider ID: 1-560880

Home Name: Charlita Dumot, CNA

610 Oneawa Street

Kailua HI 96734

Review ID: 1-560880-14

Reviewer: Maribel Nakamine

Begin Date: 12/5/2022

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 1/5/2023.

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#1, CG#2, and HHM#2's APS/CAN lapsed on 7/1/22 and done on 8/3/22. CG#1, CG#2, CG#3, and HHM#2's Ecrims lapsed on 6/21/22 and were done on 10/28/22.

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 for CG#3 and all adult HHMs residing in the CCFFH's upstairs unit.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

41.(f)(2) Background checks

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)(8)- CG#3's CPR/First Aid certification lapsed on 7/2022 and no current certificate was present.

41.(f),(f)(2)- No background checks present for all adult household members who were currently residing in the CCFFH's upstairs unit.

41.(g)- No basic skills checklist present for CG#3 in Client #2's chart.

Foster Family Home - Deficiency Report

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)- No RN delegations present for CG#3 in Client #2's chart.

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)- CG#3 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

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)- Client #2's Service Plan dated 9/25/22 without the Client's Guardian/POA's signature.

54.(c)(5)- one weekly medication's dosage was not written in Client #2's Medication Administration Record (MAR).

Travick Nakamine, RN 12/5/22

Compliance Manager

Date

Charita Durnot PCG

12-05-22

Primary Care Giver

Date