

# Foster Family Home - Deficiency Report

Provider ID: 1-220012

Home Name: Daiserie Reyes, CNA

Review ID: 1-220012-3

96-239 Waiawa Road Unit B

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 11/10/2022

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 12/10/22.

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.

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.(a)(1)- No written authorization for CG#1 to operate a CCFFH in rental agreement.

41.(b)(4)- No [REDACTED] Disclosure Form completed by CG#3 and CG#5.

41.(b)(7)- CG#5's TB clearance lapsed on 9/20/22 and no current result was present.

41.(b)(8)- CG#6's Blood borne pathogen and infection control certification lapsed on 6/26/22 and no current document was present.

41.(c)- CG#3 was short of 6 hours and CG#4 without any in-service training.

41.(g)- No basic skills check completed by CG#3, CG#4, CG#5, and CG#6 in Client #1's chart.

Foster Family Home	Client Care and Services	[11-800-43]
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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, CG#4, CG#5, and CG#6 in Client #1's chart. In Client #2's chart, there was no RN delegations completed by CG#5 and CG#6.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- Monthly fire drills completed were all scheduled at 8:00am. No afternoon and nighttime fire drills were conducted. CG#4, CG#5, and CG#6 were without evidence of having conducted a monthly fire drill.

## Foster Family Home

## Medication and Nutrition

[11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(d), (d)(1)- MD's order for monitoring of Client #1's vest restraints were not followed per client's behavioral flowsheet. 47.(e)- CG#5 and CG#6 were without training of Client #2's pureed diet and nectar thickened liquids consistency.

## 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#4 and CG#6 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

## 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)- Client #2's bedroom doorknob without a lock from the inside. Under the My Choice My Way, clients should be provided a proper doorknob lock to exercise privacy rights.

## 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)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

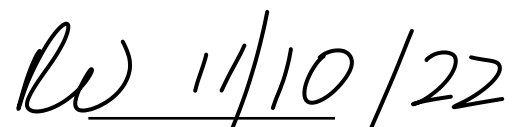
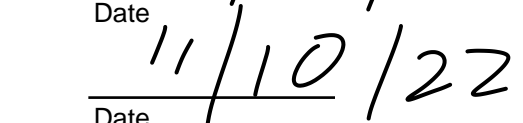
Comment:

54.(b)- Client #1's progress notes were without signatures for each dated entry from 5/27/22 - 11/8/22.

54.(c)(2)- Client #1's Service Plan dated 5/27/22 without signature of Client/POA.

54.(c)(5)- one daily scheduled medication was not transcribed in Client #2's Medication Administration Record for the month of November 2022.

  
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Compliance Manager  
  
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Primary Care Giver

  
\_\_\_\_\_  
Date 11/10/22  
  
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Date 11/10/22