

# Foster Family Home - Deficiency Report

Provider ID: 1-200010

Home Name: Hector Arubio, CNA

Review ID: 1-200010-9

94-1122 Kahuamo Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 3/17/2023

## 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 visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 3/17/23).

## 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's APS/CAN lapsed on 3/10/23 and no current result was present. CG#1's Ecrim lapsed on 2/22/23 and was completed on 3/9/23.

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

41.(a)(1) Reside in the community care foster family home;

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

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)- CCFFH without the written consent/authorization from landlord in rental agreement to operate a CCFFH.

41.(a)(3)- CG#2 without a completed Job Experience form.

41.(b)(5)- CCFFH automobile insurance policy lapsed on 5/26/21 and no current policy present in the CCFFH binder.

41.(e)- No department approval present to be a substitute caregiver in a 3-client CCFFH for CG#2.

41.(f)(1)- No TB clearance present for HHM#2.

41.(g)- No basic skills checks was present for CG#2 in Client #1's chart.

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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 were present for CG#2 in Client #1 and Client #2's charts.

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 was dressed in a hospital gown and use was not addressed in client's service plans.

Foster Family Home

Records

[11-800-54]

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

Comment:

54.(c)(3)- Client #1's admission order was not signed by client's MD. Client #1 did not have an MD's order for a diet.

Maribel Nakamie, RN 3/17/23  
Compliance Manager  
[Signature] Date  
Primary Care Giver 3/17/23  
Date