

# Foster Family Home - Deficiency Report

Provider ID: 1-559007

Home Name: Melecia Andres, CNA

Review ID: 1-559007-13

1182 Manuwa Drive

Reviewer: Maribel Nakamine

Honolulu

HI 96818

Begin Date: 12/15/2022

## 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 1/15/2023.

## 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#3's APS/CAN lapsed on 7/15/21 and was done on 10/20/21; Ecrim lapsed on 1/17/22 and was done on 1/28/22.

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

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.(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.(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)(5)- CG#5's ID expired on 5/23/22.

41.(b)(7)- CG#3's TB clearance lapsed on 2/2/21 and was done on 3/23/22.

41.(b)(8)- CG#1's CPR and Basic First Aid lapsed on 5/2022 and was done on 7/15/22. CG#3's lapsed on 9/1/22 and no current training present. CG#4's lapsed on 5/2022 and was done on 7/15/22.

41.(g)- No Basic Skills Checklist completed for CG#2 in Client #1's chart.

## 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 completed on Oral/Topical/Ophthalmic Medications Administration for CG#2 (currently substituting for CG#1 on vacation) in Client #1's chart.

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## Foster Family Home

## Medication and Nutrition

[11-800-47]

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.(c)- No list of medications' side effects was present in Client #1's chart.

## Foster Family Home

## Physical Environment

[11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3)- Client #3 without a call button(missing). CG#1's bedroom was located in the second floor of the CCFFH. Client #1 and Client #2's call button was situated on each clients' bedrooms walls. Clients were unable to reach their call buttons as their beds' location were a bit far away from the wall.

## Foster Family Home

## Quality Assurance

[11-800-50]

50.(b) Adverse events shall be reported

50.(b)(1) A verbal report to the case management agency responsible for the client shall be made within twenty-four hours of the occurrence; and

Comment:

50.(b),(b)(1)- A lifesaving medication scheduled daily was not transcribed in Client #1's Medication Administration Record (MAR) from 11/1/22 thru 12/15/22. Questionable whether client was administered the medication.

## Foster Family Home

## Fiscal Requirements

[11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a), (b), (c)- No completed monthly budget for the year 2022; no other financial records of CCFFH 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)- Client #1 and clients' bathroom door without approved locks. Under the My Choice My Way, clients should be able to lock their doors for privacy rights.

53.(b)(15)- CCFFH's visiting hours were restricted to 9:00am- 11:30am and 1:00pm- 4:00pm daily. Under the My Choice My Way, clients should be able to have visitors of who and when they choose to do so.

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Foster Family Home

Records

[11-800-54]

- 54.(c)(1) Client's vital information;
- 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;
- 54.(c)(8) Personal inventory.

Comment:

- 54.(c)(1)- Client #2's vital information of current medical insurance was not updated.
- 54.(c)(2)- Client #2's Service Plan expired on 8/21/22 and Client #3's expired on 6/30/22- both charts were without the current Service Plans present. Also, Client #3's Service Plan dated 12/31/21 without the POA's signature.
- 54.(c)(5)- Medication discrepancies were noted in Client #1's chart. One medication was missing the dose, frequency, and route in the client's Medication Administration Record (MAR). One lifesaving daily medication was not written in the client's MAR from 11-1-22 thru 12-15-22. Unknown whether client was administered the medication.
- 54.(c)(8)- Client #1 without a Personal Inventory Checklist completed.

Muriel Nahamine, RN 12/15/22

Compliance Manager

Date

Lorena B. Over SGC

Primary Care Giver

Date

12/15/22