

Foster Family Home - Deficiency Report

Provider ID: 5-150013

Home Name: Norwena B. Visitacion, CNA

Review ID: 5-150013-13

1975 Kaku Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 11/28/2022

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 12/28/22.

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 1/28/22 was done on 9/16/22; Ecrim lapsed on 1/9/22 was done on 9/7/22. CG#2's APS/CAN lapsed on 5/28/22 was done on 9/16/22; Ecrim lapsed on 5/16/22 was done on 9/7/22. CG#3's APS/CAN /Fingerprint lapsed on 4/29/22 and was done on 5/20/22. CG#4's APS/CAN lapsed on 5/28/22 and was done on 9/16/22; Ecrim lapsed on 5/24/22 and was done on 9/7/22. HHM#3 and HHM#4's APS/CAN/Fingerprint results lapsed on 4/8/22 and was done on 9/16/22.

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

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.(b)(7)- CG#1's TB clearance lapsed on 12/21/21 and was done on 9/8/22; CG#2's lapsed on 12/23/21 was done on 9/12/22; CG#4's lapsed on 12/22/21 and was done on 9/7/22.

41.(b)(8)- CG#4's CPR and basic First Aid lapsed on 5/20/21 and no current certification were present. CG#4's Blood borne pathogen and infection control training lapsed on 1/23/22 and no current certification was present.

41.(c)- CG#2 without any hours of the annual in-service training for the year 2021. CG#4 without any hours for the year 2021 and 2022.

41.(g)- No basic skills checklist present in Client #1's chart for CG#2, CG#3, and CG#4.

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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 on Oral Medications Administration for CG#3 and CG#4.

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)- No monthly fire drill completed for the past 12 months. CG#2, CG#3, and CG#4 were without evidence of having conducted a monthly fire drill for the past 12 months.

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 in Client #1's chart.

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;

54.(c)(8) Personal inventory.


Comment:

54.(b)- No progress/observation notes documented since Client#1's admission (October 17, 2022) to CCFFH.

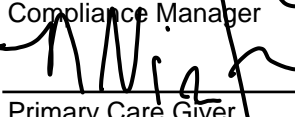
54.(c)(2)- Client #1's Service Plan only with 1 page; pages 2-9 not present in client's chart.

54.(c)(5)- Medication discrepancies were noted in Client #1. There were 2 11/28/22's morning medications were not signed; 1 6:00pm medication was signed ahead of time for today (11/28/22). An every other day dosing of a lifesaving medication was signed on a daily basis.

54.(c)(8)- No Personal Inventory was completed for Client #1.



Compliance Manager Date 11/28/22



Primary Care Giver Date 11/28/22