

Foster Family Home - Deficiency Report

Provider ID: 1-210017

Home Name: Rengeline Galera, NA

Review ID: 1-210017-6

1704 Kino Street

Reviewer: Jackie Chamberlain

Honolulu

HI 96819

Begin Date: 11/20/2022

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.
Deficiency Report issued during CCFFH visit with plan of correction due to CTA within 30 days of inspection.

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 proof of provide training HHM 2 and 3 on their confidentiality policies and procedures and client privacy rights.

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

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)(5)(C)(ii) Have a current tuberculosis clearance;

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

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

Comment:

41.(b)(4)CG 1 has an outdated disclosure list which has 3 children under 18 listed as HHM and outside work listed as "0" although CG 1 does work 2 days per week.

41.(b)(5)(C)(ii) CG 1 and 3, and HHM 2 and 3

41.b.6 There is no wheelchair ramp at either exit door with a small step down at each door making it not wheelchair accessible

41.(b)(8) CG 1 No evidence of current CPR, First aid or blood born pathogen certification and BBP for CG 3

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Client Account

[11-800-48]

48.(b)(1) Commingled with those of the home, the primary or substitute caregivers, other household members, or other clients; or

Comment:

48.(b)(1) Client 1 has been providing own nutritional supplement (family is paying) instead of coming from CCFFH nutrition budget

Foster Family Home

Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

50.(e)(2) Inspection of service sites;

Comment:

50(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

50.(e)(2) A recertification inspection was attempted on 11/01/22. A female HHM was outside as well as 2 cars parked in driveway. There was no gate door bell and the female ran inside as soon as she saw CTA and did not respond to verbal requests to open gate, phone calls into home and cell, as well and car horn honking went unanswered. CTA left after 20 minutes attempted entry

Foster Family Home

Records

[11-800-54]

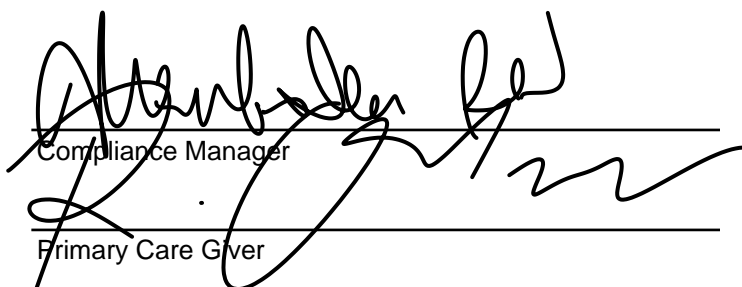
54.(c)(3) Current copies of the client's physician's orders;

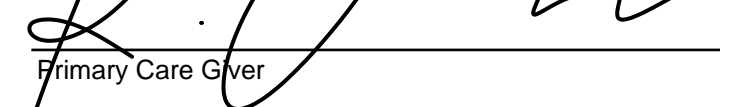
54.(c)(5) Medication schedule checklist;

Comment:

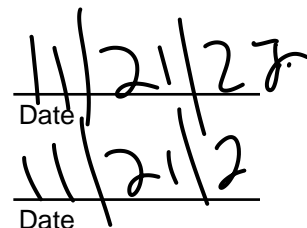
54.(c)(3) Client # 1 there is no signed MD orders except for 2 medications discontinued before admission to CCFFH

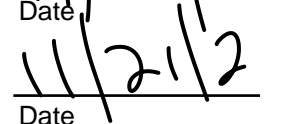
54.(c)(5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders for a topical pain patch



Compliance Manager


Primary Care Giver



Date


Date