

Foster Family Home - Deficiency Report

Provider ID: 4-160003

Home Name: Rosallie Fischer, CNA

Review ID: 4-160003-11

53-412 Koolau Road

Reviewer: Maribel Nakamine

Hauula HI 96717

Begin Date: 11/30/2022

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 12/30/22.

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 confidentiality policies and procedures and client privacy rights training present for CG#3, CG#4, CG#5 and HHM#2.

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.(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.(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.(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)(4)- No [REDACTED] disclosure form completed by CG#3, CG#4, and CG#5.

41.(b)(7)- CG#4's TB clearance lapsed on 7/29/22 and no current clearance result was present.

41.(b)(8)- No bloodborne pathogen and infection control training certificate was present for CG#3. CG#4's lapsed on 1/28/22 and no current certificate was present.

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

41.(c)- CG#3 and CG#4 were without any hours of the annual in-service training required for the year 2022.

41.(e)- No [REDACTED] approval form present for CG#3.

Foster Family Home - Deficiency Report

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 completed for CG#3 and CG#4 in Client #1's chart.

Foster Family Home	Medication and Nutrition	[11-800-47]
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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]
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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.

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(b)(3)- No call system present in Client #2's bedroom as CG#1's [REDACTED] bedroom was upstairs.

49.(c)(3)- Noted electrical cords (plugged in an outlet) in upstairs' lanai area were submerged in puddles of water (electrical hazard).

Foster Family Home	Quality Assurance	[11-800-50]
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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)- No updated Emergency Preparedness Plan training in the CCFFH. CG#3, CG#4, and CG#5 had not received training.

Foster Family Home	Client Rights	[11-800-53]
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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)- No written authorization present for Client #1, and Client #3's video monitoring devices inside their bedrooms.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

- 54.(a)(1) Emergency procedures and an evacuation map;
- 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)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(a)(1)- No Emergency/Evacuation Map present in the CCFFH.

54.(b)- No progress/observation notes documented for Client #1 since admission (11/1/22) to present.

54.(c)(2)- Client #1 without a Service Plan since admission to CCFFH (11/1/22) and Client #2 and Client #3's current Service Plans were without the POAs signatures.

54.(c)(5)- Medication discrepancies were noted for Client #1, Client #2, and Client #3.

Client #1- Client's Medication Administration Record(MAR) was last signed on 11/16/22. One medication was not transcribed in the client's MAR.

Client #2- November MAR was last signed on 11/13/22. June 2022 MAR was last signed on 6/12/22. May 2022's MAR was last signed on 5/22/22. August 2022, September 2022, and October 2022's MAR were missing.

Client #3- November's MAR was last signed on 11/12/22. September 2022 MAR was last signed on 9/27/22. August MAR was last signed on 8/21/22. July's MAR was last signed on 7/4/22. May's MAR was last signed on 5/30/22.

54.(c)(6)- No November ADL/Daily Care Flowsheet was initiated for Client #1.

Mariabel Makamire, RN

Compliance Manager

[Signature]

Primary Care Giver

11/30/22

Date

11/30/22

Date