

Foster Family Home - Deficiency Report

Provider ID: 4-120050

Home Name: Samuel Bumatay, CNA

Review ID: 4-120050-15

448 North Wakea Avenue

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 10/4/2022

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/5/2022.

The issue of providing care for more clients than the CCFFH is certified for will also be addressed under separate cover. Please continue to address your Deficiency Report (DR) and submit by the due date specified on your DR.

11-800-2 Definitions. Primary Caregiver "means the individual who is directly responsible for the supervision and care of the client".

Comment: A primary caregiver cannot operate two CCFFHs as they are the individual primarily responsible for the clients who reside in their own CCFFH. They cannot act as both a primary caregiver and substitute caregiver simultaneously.

11-800-6 Required certificate of approval. Any person, agency, or organization that wants to operate a home as a community care foster family home to provide, for a fee, twenty-four hour living accommodations, including personal care and homemaker services for adults who have nursing facility level of care needs and are not related to the person providing the care, shall obtain a certificate of approval from the department.

Comment: The rules state Any person that wants to operate "a" home. This rule indicates a person may operate only one CCFFH.

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) - CG#2 did not have a current eCrim on file. Expired 9/8/22

8.(a)(1), 8.(a)(2) - CG#3 did not have evidence of fingerprinting, APS/CAN or eCrim report on file in CCFFH.

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) - CG#3 did not have evidence that they had received confidentiality training.

16.(b)(5) - HHM#1 did not have evidence that they had received confidentiality training.

Foster Family Home - Deficiency Report

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

Comment:

41.(a)(3) - CG#3 did not have evidence of work experience on file in the CCFFH.

41.(b)(4) - CG#3 did not have evidence of a disclosure form on file in the CCFFH.

41.(b)(7) - CG#3 did not have evidence of a TB clearance on file in the CCFFH.

41.(b)(7) - CG#4's TB clearance on file expired 2/10/22. No updated TB clearance present in CCFFH.

41.(b)(8) - CG#3 did not have evidence of a current CPR/First Aid certificate or BBP training certificate on file in the CCFFH.

41.(b)(8) - CG#4 did not have evidence of current BBP training on file.

41.(e) - CG#3 did not have evidence of an ■ CG approval form on file in the CCFFH. CG#3 did not have a current file being maintained at the CCFFH. CG#1 indicated that the file for CG#3 was present in another CCFFH on the same property and that CG#2 had not made a copy for his CCFFH's file.

41.(e) - CG#4 did not have evidence of a current driver's license or state ID on file. Current ID expired 6/23/21.

Foster Family Home - Deficiency Report

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(a)(5) Staff Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months, per 321-483(b)(4)(B) HRS.

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(a)(5) Staff - CG#3 did not have evidence of 12 hours of inservice training certificates on file in the CCFFH. CG#4 had only 8 hours of inservice training certificates present in the file for the last 12 months.

(3P)(b)(2) Staff - The CCFFH did not have evidence that a 3 bed sign out record is being maintained to reflect which CG is working at any given time. Upon arrival to the CCFFH, CG#2 indicated that she was overseeing the clients. There was no entry for today's date indicating that CG#1 had signed out and that CG#2 had signed in.

Multiple discrepancies noted on the available 3 bed sign out records:

2/10/22 - Evidence that CG#2 was providing care in the CCFFH but there is no entry on the sign out record for this date.

4/11/22 - Evidence that CG#3 was providing services in the CCFFH. The 3 bed sign out record indicates that CG#2 was present and providing care.

7/10/22 - Evidence that CG#4 was providing services in the CCFFH. The 3 bed sign out record indicated that CG#3 was present and providing care.

8/16/22 - Evidence that CG#3 was providing services in the CCFFH but there is no entry on the 3 bed sign out record for this date.

CTA compliance manager noted that the CCFFH had two 3-bed sign out records which were already filled in with CG signatures and times of coverage, but dates of coverage were not included.

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) - The CCFFH had evidence that the RN delegations were signed by CG#3 on 4/11/22 for client #1. CG#3 was not approved as an SCG by the department until 6/3/22.

43.(c)(3) - There was no evidence that CG#3 had received RN delegations for Client #2

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire - The CCFFH did not have evidence that a fire drill was being completed monthly. CCFFH did not have a fire drill record for November 2021, December 2021, August 2022, and September 2022,

Foster Family Home - Deficiency Report

Foster Family Home

Medication and Nutrition

[11-800-47]

- 47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.
- 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.(b) - The CCFFH did not have evidence that the medications were being regularly monitored by an MD, Home Health, or CMA RN for client #1.

47.(c) - The CCFFH did not have evidence of a list of medication side effects on file for client #1.

Foster Family Home

Client Account

[11-800-48]

- 48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a) - The CCFFH did not have evidence that a written accounting of the client's personal funds received and expended on the client's behalf for client #2 and client #3.

Foster Family Home

Insurance Requirements

[11-800-51]

- 51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH liability insurance policy did not list CG#2 and CG#3 as caregivers.

Foster Family Home

Fiscal Requirements

[11-800-52]

- 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.

Comment:

52.(b) - The CCFFH did not have evidence that a monthly budget is being documented and maintained for the CCFFH's operations.

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) - The CCFFH had evidence that a total of 7 cameras are in use to monitor the client's in the common living area, outside the CCFFH in the entry way and drive way, and in each client bedroom. There was no evidence that the client and/or POA has been notified and provided consent to allow video monitoring for client #1, client #2, and client #3.

53.(b)(15) - Documentation observed in the CCFFH during the inspection stated that visiting hours were limited from 8 am until 4 pm. Per My Choice, My Way federal regulations, visiting hours are not to be limited.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(a)(3)	A list of applicable community resources.
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)(3)	Current copies of the client's physician's orders;
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;
54.(c)(8)	Personal inventory.

Comment:

54.(a)(3) - The CCFFH did not have evidence that a community resource list was available for access by the clients.

54.(b) - White out was noted to be used on several documents in the chart of client #1 and client #2. CG notes for client #1 did not have CG signatures after each entry. Client #3 was admitted in August 2022 and it was noted that no CG notes were present in the chart since admission.

54.(c)(2) - The service plan for client #1 was backdated to April 9, 2022. The client face sheet indicated that client #1 was assessed and admitted to the CCFFH on April 11, 2022.

54.(c)(3) - The CCFFH did not have copies of any MD orders for client #1.


54.(c)(5) - The CCFFH did not have an October MAR started for client #1, client #2 and client #3. CG#1 indicated he was waiting for the CMA to provide copies of the MAR. It was noted that all clients had several blank MARs available in their files.

54.(c)(5) - The MAR from July 2022 for client #1 was missing pages 2-4. Some MARs present in client #1's file did not include a month, so CTA compliance manager was unable to confirm when the documentation occurred.

54.(c)(6) - The CCFFH did not have an October ADL Flowsheet started for client #1, client #2 and client #3.

54.(c)(6) - Client #1 was admitted to the CCFFH in April 2022. RN monthly visit notes were missing from July and August from the client's file.


54.(c)(8) - The CCFFH did not have evidence that a personal inventory record had been completed for client #1 and client #3



Compliance Manager

10/5/2022

Date



Primary Care Giver

10/11/22

Date