

# Foster Family Home - Deficiency Report

Provider ID: 1-190030

Home Name: Shella Marie Valencia, NA

Review ID: 1-190030-9

94-470 Opeha Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/13/2022

## 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 1/13/2023.

## 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)- HHM#2 without any result of APS/CAN/Fingerprinting.

## 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#2, CG#3, and HHM#2.

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

41.(a)(1) Reside in the community care foster family home;

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.(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.

Comment:

41.(a)(1)- No Rental Agreement present. Per CG#4(HHM#1 also), currently renting in CCFFH.

41.(b)(4)- Caregiver's (CG#1) Disclosure form was not updated to reflect current household members.

41.(b)(7)- CG#2's TB clearance result lapsed on 10/29/22 and no current result was present. CG#4's lapsed on 4/21/22 and was done on 8/24/22.

41.(c)- CG#1 was short of 1 hour of the annual in-service for the year 2022. None for 2021. CG#2 was short of 4 hours in 2022 and none in 2021. CG#3 and CG#4 were without any hours for the year 2022.

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## 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 drills completed from 2/2021- 12/2021; 1/2022-6/2022; and 11/2022. CG#2 and CG#3 without evidence of conducting 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.

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

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

47.(d), (d)(1)- No written MD order for Client #1's full bedrails.

47.(e)- No training present for CG#1, CG#2, CG#3, and CG#4 on Client #'s minced and nectar thickened liquids specialty diet.

## Foster Family Home

## Physical Environment

[11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(1)- No non-slip surface/rubber mat present on clients' bathroom shower floor.

49.(a)(2)- No grab bars present near client's bathroom toilet.

## Foster Family Home

## Records

[11-800-54]

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;

Comment:

54.(c)(2)- Client #1's Service Plan lapsed on 10/19/22 and no current plan was present. Client #2's Service Plan dated 7/1/22 was missing the client/POA's signature.

54.(c)(3)- No written MD order present for Client #1's current diet.

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

Client #1- there were 5 scheduled medications in client's Medication Administration Record (MAR) for 8:00am that were not signed today. Two medications were not signed on 12/12/22 for 12:00pm and 6:00pm. Three medications were not signed on 12/12/22 for 8:00pm.

Client #2- one medication was not signed for 8:00am today in client's MAR.

*Manikell Makamine, RN*  
Compliance Manager

*[Signature]*  
Primary Care Giver

Date

Date

12/13/22  
12/13/22