

Foster Family Home - Deficiency Report

Provider ID: 1-220008

Home Name: Vilma Alferos, CNA

Review ID: 1-220008-3

94-1064 Halelehua Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 11/17/2022

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 inspection made for a 2-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 12/17/2022. (30 days from the date the CCFFH is given their deficiency report).

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)(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.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

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. CG#2 is missing disclosure form.

41.b.7 and 41.f.1 CG#1 have expired TB on 9/29/2022. HHM#2 and #3 does not meet criteria for screening. Missing proof of past TB positive.

41.c. CG#2 is missing 8 units of CE/ in-services training.

41.g. CG#2, CG#3 are missing skills basic training and signatures. CMA RN is missing signatures for training CGs.

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 RN Delegation is missing training and signatures from the CMA RN and CG#2 and #3.

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Records

[11-800-54]

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.c.5 and 54.c.6 MAR and Flowsheet are missing dates. Last entry was 11/13/2022 for client #1 and #2.



Compliance Manager



Primary Care Giver

11/17/22

Date

11/17/22

Date