Foster Family Home - Deficiency Report

Provider ID: 1-100090

Home Name: Aleli Daligdig, RN Review ID: 1-100090-13

94-605 Palai Street Reviewer: Po Lim
Waipahu HI 96797 Begin Date: 4/21/2023

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 4/21/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family I	Home Background Checks	[11-800-8]	
8.(a)(1)	Be subject to criminal history record checks in acc	ordance with section 846-2.7, HRS;	
8.(a)(2)	Be subject to adult protective service perpetrator of	checks if the individual has direct contact with a client	; and
Comment:			

8.a.1.and 8.a.2. CG#5 (HHM #2) did not meet the 2 sets of APS, CAN, Fingerprints requirements within a 12 months period.

Foster Family	y Home Personnel and Staffing	[11-800-41]	
41.(b)(7)	Have a current tuberculosis clearance that me	eets department guidelines; and	
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.			
Comment:			

41.(b)(7) and 41.f.1 - CCFFH did not have evidence of current TB clearance for CG#2 (HHM#1) signed by a provider.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid/Bloodborne Pathogen/Infection control training for CG#2. It was due on/before 1/15/2023.

CG# 3 CPR/AED expires 3/31/2023, no new present in file. CG#3 first aid is missing.

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Foster Family H	lome	Fire Safety		[11-800-46]
46.(a)	of the day,		ills shall be conducted at	the home, of unannounced fire drills at different times at least monthly under varied conditions and shall
46.(b)(2)	All caregiv	vers have been trained to im	plement appropriate eme	nergency procedures in the event of a fire.
Comment:				

46.(a) - Last fire drill present in record was documented on 6/5/2022. No fire drill documentation present for July 2022 through March 2023.

46.(b)(2)- CG# 4 and CG#5 did not have evidence of conducting a monthly fire drill within the past 12 months.

Foster Family	Home	Insurance Requirements	[11-800-51]	
51.(a)(1)	General;			
Comment:				

51.(a)(1) - The CCFFH did not have evidence of a current liability insurance policy for the business. Liability insurance had expired on 10/9/2022.

Foster Family H	ome	Fiscal Requirements	[11-800-52]	
52.(b)		shall maintain fiscal records, docu and all direct and indirect expenditu	evidence that sufficiently and properly reference related to the home's operation.	lect all funds
Comment:				

52.(b) - No fiscal records present for 2022-2023.

Foster Family	y Home Records	[11-800-54]
54.(a)(3)	A list of applicable community resources.	
54.(c)(2)	Client's current individual service plan, and wh	nen appropriate, a transportation plan approved by the department;
54.(c)(5)	Medication schedule checklist;	
54.(c)(6)	social worker monitoring flow sheets, client ob	es through personal care or skilled nursing daily check list, RN and servation sheets, and significant events that may impact the life, f services to the client, including but not limited to adverse events;
Comment:		

54(a)(3) The CCFFH did not have a list of applicable community resources.

54(c)(2) No current service plan signed by the client or POA for Client# 1 and Client#2.

54(c)(5) No MAR present for April 2023 for Client#1.

MAR was not documented daily for Client #2. Sheet not completed from 4/13/23 to 4/20/23.

54(c)(6) ADL flowsheet was not documented daily. Sheet not completed from 4/6/23 to 4/20/23.

Compliance Manager .

Primary Care Giver

Date 4/2//2973