

Foster Family Home - Deficiency Report

Provider ID: 1-560418

Home Name: Ana Liza De Guzman, CNA

Review ID: 1-560418-12

757 Hoopai Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 4/20/2023

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 visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 4/20/23).

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

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.(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.(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)(7)- CG#2's TB clearance lapsed on 11/18/22 and no current result present.

41.(b)(8)- CG#1 and CG#3's CPR/First Aid training lapsed on 11/30/22 and no current certifications were present. CG#1, CG#2, and CG#3's bloodborne pathogen and infection control training lapsed on 11/18/22 and no current certifications were present.

41.(c)- CG#1 without any hours of the required 12 hours of annual training (2023); CG#2 was short of 10 hours of the required 12 hours of the annual training for the year 2022 and no hours for 2023. CG#3 without any hours of the required 12 hours of annual training (2023).

41.(g)- No basic skills checklist completed for CG#3 in Client #1's chart/record.

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)- CG#2 and CG#3 without the RN delegations present in Client #2's chart/record.

Foster Family Home - Deficiency Report

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

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

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1), (b)(6)Fire- Last fire drill was on 6/12/22; CG#2 without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home

Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e)- The CCFFH had a locked gate outside restricting access to the front door that did not have a form of communication which inhibited the announcement of a visitor's arrival to the facility.

Foster Family Home

Records

[11-800-54]

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

54.(c)(1) Client's vital information;

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.(b)(1)- CCFFH binder, Client #1, Client #2, and Client #3's charts were in disarray inhibiting the compliance manager's effective review.

54.(c)(1)- Client #1 did not have a current face sheet on file.

54.(c)(2)- Client #2's Service Plan expired on 2/5/23. Client #3's expired on 11/30/22. Both clients' charts were without the current service plans.

54.(c)(5)- Client #1, Client #2, and Client #3 were without the month of April 2023's Medication Administration Records (MARs). Client #1's MAR was last signed on 3/26/23; Client #2's on 3/24/23; and Client #3's on 3/24/23. Client #3's MARs for the following months were missing: 9/2022, 10/2022, 11/2022, 12/2022, and 2/2023 and there were 3 medications that were not transcribed/written in the MAR.

54.(c)(6)- Client #1's ADLs/Daily Client Care Flowsheet was last signed on 3/23/23 and there was no month of 4/2023 initiated/maintained.

Maribel Nakamine, R 4/20/23
Compliance Manager Date
Ana Liza R. de Guzman 4/20/23
Primary Care Giver Date