

Foster Family Home - Deficiency Report

Provider ID: 1-560517

Home Name: Bernadette Firme, CNA

Review ID: 1-560517-13

99-421 Aheahe Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 2/24/2023

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 2/24/23).

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)- CG#1 and CG#2's APS/CAN lapsed on 5/13/22 and was done on 6/23/22. CG#6's APS/CAN lapsed on 2/5/22 and was done 3/16/22. Ecrim of CG#1 lapsed on 4/13/22 and was done on 6/14/22. CG#2's Ecrim lapsed on 4/30/22 and was done on 6/14/22. HHM#2's APS/CAN lapsed on 5/13/22, Ecrim lapsed on 4/30/22 and no current results were present.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8)- CG#6's CPR and basic first aid lapsed on 12/21/22 and no current certification was present.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

Comment:

(3P)(b)(2)Fire- No nighttime monthly fire drill conducted for the past 12 months.

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 Client #2's personal funds received and expended on the client's behalf was being maintained.

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Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#6 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home

Records

[11-800-54]

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)(3) Current copies of the client's physician's orders;

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)- No signatures of caregivers present after each dated entries in Client #1's progress/observation notes.

54.(c)(3)- Client #1's admission order to CCFFH lacked the physician's signature.

54.(c)(6)- No RN Visit/Summary was present in Client #1's chart for the month of December 2022 and March 2022.

Maribel Natamira, RN

Compliance Manager
[Signature]

Primary Care Giver

Date *2/24/23*
Date *2/24/23*