

# Foster Family Home - Deficiency Report

Provider ID: 1-100066

Home Name: Charity Sabangan, CNA

Review ID: 1-100066-12

94-1124 Kahuanui Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 3/16/2023

## 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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days (issued on 3/16/23).

## 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#4's APS/CAN lapsed on 9/28/22 and CG#2's lapsed on 11/3/22 and no current results were present. CG#1 and CG#4's Ecrim lapsed on 9/21/22 and CG#2's lapsed on 11/3/22. All were without the current Ecrim results present. HHM#3, HHM#4, and HHM#5 were without any results of APS/CAN/Fingerprinting in the CCFFH binder.

## 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)- HHM #3 without evidence of having been trained with the CCFFH's confidentiality policies and procedures and client privacy rights training.

## 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.

Comment:

41.(b)(7)- CG#1's TB clearance lapsed on 5/29/22; CG#2's lapsed on 12/24/22; CG#3's lapsed on 12/4/21; and CG#4's lapsed on 6/11/22. All were without the current clearances present.

41.(b)(8)- CG#2 and CG#3's CPR/basic first aid lapsed on 9/12/22. No current training certifications were present for both.

41.(b)(8)- CG#1's Blood borne pathogen and infection control training lapsed on 9/21/22; CG#2's lapsed on 8/29/22; CG#3's lapsed on 9/5/22 and CG#4's lapsed on 9/15/22. All were without the current training certifications present.

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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)- CCFFH without evidence that monthly fire drills were conducted. CG#2, CG#3, and CG#4 were without evidences that monthly fire drills were conducted for the past 12 months.

## Foster Family Home

### Physical Environment

[11-800-49]

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

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

49.(a)(2)- toilet side rails loose/unstable- missing a screw to keep siderails stable.

49.(a)(4)- Emergency/Evacuation Exits/pathway- front door and stairway were cluttered with household items- shoes, backpacks, vacuum cleaners, hammock, children's toys, etc. and would not allow wheelchairs/walkers access in case of emergency.

49.(a)(5)- No smoke detectors present in the CCFFH's downstairs area or in/near clients' bedrooms. Upstairs - one was tested but was not functioning when tested by CG#1.

## 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:

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

50.(e), (e)(1)- CCFFH's binder was in disarray inhibiting the compliance manager's effective review.

## Foster Family Home

### Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1)- CCFFH's general liability insurance policy lapsed on 1/1/22 and no current policy was present in the CCFFH binder.

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Foster Family Home

Records

[11-800-54]

- 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.(c)(1)- Client #1's Facesheet information was not updated to reflect name of the current Case Management Agency.
- 54.(c)(2)- Client #1's Service Plan lapsed on 11/16/22 and no current plan was present in client's chart.
- 54.(c)(5)- No Medication Administration Record (MAR) was present in Client #1's chart for the month of March 2023.
- 54.(c)(6)- No March 2023 ADLs/Daily Care Flowsheet in Client #1's chart. Last Client's Daily Care Flowsheet was signed on 2/5/23.
- 54.(c)(6)- RN monthly visit summary was not present in Client #1's chart for the months of December 2022 and January 2023.

Maribel Nakamine, RN <sup>3/14/23</sup>  
Compliance Manager  
[Signature]  
Primary Care Giver

3/14/23  
Date