

Foster Family Home - Deficiency Report

Provider ID: 1-220030

Home Name: Edwin Pengson, NA

Review ID: 1-220030-3

94-411 Oililua Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/24/2023

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 home visit made to a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 1/24/23).

Foster Family Home	Personnel and Staffing	[11-800-41]
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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)(8)- CCFFH did not have evidence of current blood-borne pathogen and infection control training for CG#1, CG#2, and CG#3; due on or before 1/8/23.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training for CG#1 required 12 hours of in-service training but had only 10 hours attended in 2022.

41.(g)- No CMA RN's signature was present for CG#2's basic skills check in Client #1's chart.

Foster Family Home	Client Care and Services	[11-800-43]
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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)- No RN CMA's signature was present for CG#2 in Client #1's chart. No RN delegation was present for CG#2 in Client #2's chart.

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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)- No monthly fire drill documentation present from July 2022-December 2022. CG#1, CG#2, and CG#3 did not have evidence of conducting a monthly fire drill.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

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

49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;

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

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

49.(e) The home shall have policies regarding smoking on the property that:

Comment:

49.(a)(1)- No non-slip surface present in clients' shower.

49.(a)(2)- No grab bars present near toilet in clients' bathroom.

49.(a)(3)- No dining area for clients: no dining table and chairs were present.

49.(a)(4)- Emergency exit door near the living room was blocked with a dog's bedding and would not allow a wheelchair or walker access in case of emergency.

49.(a)(5)- No fire extinguisher was present in the CCFFH. Two out of the two smoke detectors tested were not functional.

49.(c)(3)- Client #2's screen window with a dime sized hole which would allow entrance of insects/vermin.

49.(c)(3)- Client #2's bedroom with a very strong smell of human urine.

49.(c)(3)- Bottles/Containers of cleaning agents/chemicals were not properly locked/stored. Bottles were in the hallway near clients' bedrooms.

49.(e)- The CCFFH did not have evidence of a policy regarding smoking on the property.

Foster Family Home

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:

50.(b) Adverse events shall be reported

50.(b)(2) A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).

Comment:

50.(a)- CG#2 and CG#3 were without evidence of having had the CCFFH's Emergency Preparedness Plan training.

50.(b), (b)(2)- No Adverse Event form was present in Client #1's chart for 10/26/22 emergency room visit.

Foster Family Home - Deficiency Report

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

51.(a)(2) Automobile; and

Comment:

51.(a)(1)- The CCFFH did not have evidence of a current liability insurance policy for the business (expired on 12/31/22).

51.(a)(2)- The CCFFH did not have evidence of a current automobile policy insurance.

Foster Family Home	Fiscal Requirements	[11-800-52]
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52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

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

Foster Family Home	Client Rights	[11-800-53]
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53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #2's bedroom without a lock from the inside for privacy.

53.(b)(9)- There video cameras in Client #1 and Client #2's bedrooms. There were no consent forms present for use of video surveillance equipments. Use of video is a violation of client privacy without proper consent.

Foster Family Home	Records	[11-800-54]
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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)(2)- Client #2's Service Plan dated 12/15/22 was not signed by the client/POA.

54.(c)(5)- Medication discrepancies were noted for Client #1. One scheduled medication was not written in client's Medication Administration Records (MARs) for October 2022, November 2022, and December 2022. Doctor ordered on 10/26/22 with caregivers to follow instructions. Medications were not administered to client as medications' bubble pack was complete (none was used). One as needed medication was not available, however, in client's MAR, a dose was given on 1/23/23. CG#3 admitted having used her own medication. Dose of medication did not match the client's MAR and doctor's order. One scheduled medication did not have client's blood pressure results recorded in client's MAR from 12/17/22- 12/31/22 nor in the client's vital signs flowsheet. Medication with a doctor's order to be taken prior to medication administered to client.

54.(c)(6)- Client #1's Daily Care Flowsheet was not documented daily from 1/22/23 to 1/24/23.

Maibela Nakaraine, RN 1/24/23

Compliance Manager

J. J. - SCG

Primary Care Giver

Date 1/24/23