

Foster Family Home - Deficiency Report

Provider ID: 1-512419

Home Name: Filma Benigno, CNA

Review ID: 1-512419-15

94-302 Hilihua Way

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 5/5/2023

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 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 5/5/23).

Foster Family Home	Background Checks	[11-800-8]
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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#3 without the second set of APS/CAN/Fingerprint results present.

Foster Family Home	Information Confidentiality	[11-800-16]
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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)- No evidence that CG#2 and CG#3 were provided training of the CCFFH's confidentiality policies and procedures and client privacy rights.

Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

- 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.(a)(3)- No Job Experience form was present for CG#2.
- 41.(b)(4)- CG#1's [REDACTED] y Caregiver Disclosure form was not updated to reflect current number of household members. No [REDACTED] e Disclosure form was present for CG#2.
- 41.(b)(8)- CG#1's CPR/basic first aid certification lapsed on 1/2/23; CG#3's lapsed on 3/1/23 and both were without the current certifications present. CG#3's blood borne pathogen and infection control training lapsed on 1/19/23 and no current certification was present.
- 41.(c)- CG#1, CG#2, and CG#3 were without any hours of the required annual 12 hours of in-service training for the year 2023; CG#3 without any hours of the required 12 hours of the annual in-service training for the year 2022.
- 41.(g)- No basic skills checks were present for CG#2 and CG#3 in Client #1's record/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 delegations were present for CG#2 and CG#3 in Client #1 and Client #2's records/charts.

Foster Family Home	Grievance	[11-800-45]
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- 45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:

- 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

- 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

- 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

- 45.(1), (2), (3)- No evidence that Client#1/POA was provided the CCFFH's grievance policies and procedures.

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)Fire- Monthly fire drills missing for the months of July 2022, August 2022, September 2022, October 2022, November 2022, and April 2023.

(3P)(b)(6)Fire- CG#2 and CG#3 without evidence of conducting a monthly fire drill for the past 12 months.

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.(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' bathroom shower floor.

49.(c)(3)- Client #1 and Client #2's closets doors were broken that can possibly harm/injure the clients. Client #1's bedroom windows latches were broken- unable to open the jalousies and there were gaps on the screens- bugs, insects, vermis can possibly enter the CCFFH and possibly bite the clients.

49.(e)- No policy on smoking was present in the CCFFH.

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:

Comment:

50.(a)- No Emergency Preparedness Plan present; no evidence that CG#2 and CG#3 were provided training.

Foster Family Home

Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

53.(b)(1) Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out;

53.(b)(3) Be fully informed, prior to or at the time of admission, and during the client's stay, of services available in or through the home and related charges;

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(a), (b)(1), (b)(3)- Client #1 without the CCFFH's Admission Policy and Agreement in client's record nor the CCFFH.

53.(b)(15)- No visiting policy present.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

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 #1's Service Plan dated 12/30/22 without the client/POA's signature. Client #2's Service Plan lapsed on 3/5/23 and no current service plan was present.

54.(c)(5)- Client #1 without a Medication Administration Record(MAR) for the month of May. Client #2's MAR was last signed on 4/30/23.

54.(c)(6)- Client #1's Daily Care Flowsheet was last signed on 4/30/23.

Maibet Nakamine, RN
Compliance Manager
Filma T. Benigno
Primary Care Giver

5/5/23
Date
5/5/23
Date