Foster Family Home - Deficiency Report

Provider ID: 1-591356

Gloria Aves, CNA 1-591356-13 **Home Name: Review ID:**

98-1519 Hoomahie Loop Reviewer: Maribel Nakamine

Begin Date: **Pearl City** HI 96782 4/12/2023

[11-800-6] **Foster Family Home Required Certificate**

6.(d)(1)Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced home visit made for a 3-bed annual inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 4/12/23).

Foster Family H	lome 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 perpetrate	or checks if the individual has direct contact with a	a client; and
Comment:			

8.(a)(1), (2)- CG#2's APS/CAN lapsed on 7/1/22 and no current result present in the CCFFH binder. CG#3, CG#5, and CG#7 without the 2nd set of APS/CAN/Fingerprinting results in the CCFFH binder.

Foster Family Home Personnel and Staffing

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#1's TB clearance was signed by an RN. CG#4's TB clearance lapsed on 3/23/23 and CG#5's lapsed on 11/6/22. Both were without current TB clearances.

(3P) Staff 3 Person Staffing 3 Person Staffing Requirements

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar

week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the

substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2)Staff- No entry present in the Sign In/Out form on 4/9/23 by CG#1 and CG#6. CG#6 is currently substituting for CG#1 who's on vacation.

Foster Family Home Client Care and Services [11-800-43]

Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may 43.(c)(3)

delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation present for CG#6 in Client #2's record (currently caring for clients in the CCFFH). In Client #3's record, there was no RN delegations for CG#1, CG#2, CG#3, CG#4, CG#5, CG#6, and CG#7.

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3 Person Fire Safety, Natural Disaster

(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 monthly fire drill was on 9/10/22. CG#2, CG#3, CG#5, and CG#7 without evidence of having conducted a monthly fire drill.

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50.(e)	The home shall be subject to investigation by the dep unannounced and may include, but is not limited to, o			
50.(e)(2)	Inspection of service sites;			
Comment:				

[11-800-50]

50.(e), (e)(2)- CCFFH with a closed/locked gate. No means of communication for agency to have easy access to the CCFFH.

Foster Family I	Home Records	[11-800-54]
() (-)		
54.(c)(2)	Client's current individual service pl	an, and when appropriate, a transportation plan approved by the department;
54.(c)(5)	Medication schedule checklist;	
Comment:		

54.(c)(2)- Client #3's Service Plan dated 2/7/23 was not signed by the client's POA.

Quality Assurance

Foster Family Home

54.(c)(5)- Medication discrepancies were noted for Client #1, Client #2, and Client #3.

Client #1- Client's Medication Administration Record (MAR) was last signed on 4/6/23. There were 2 medications that were not available on hand during the inspection.

Client #2- No April 2023 MAR initiated nor maintained in client's chart/record. One medication was not transcribed in client's MAR. There were 2 medications that were not available on hand during the inspection.

Client #3- One medication was not available on hand during the inspection.

Mai bel 1 alanine Marager Date 12/2/2 Primary Care Giver Date

Page 2 of 2