

Foster Family Home - Deficiency Report

Provider ID: 1-220051

Home Name: Imelda Landingin, CNA

Review ID: 1-220051-3

95-276 Waiala Street

Reviewer: Maribel Nakamine

Mililani

HI

96789

Begin Date: 3/22/2023

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 of inspection (issued on 3/22/23).

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#2's APS/CAN/Fingerprint result lapsed on 1/19/23 and no current result was present 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)- CG#2 and CG#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)(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.

Comment:

41.(b)(4)- CG#2 without a completed Substitute Disclosure form and CG#3's was incomplete.

41.(b)(7)- CG#3's TB clearance lapsed on 1/16/23 and no current clearance was present in the CCFFH binder.

41.(b)(8)- CG#1's bloodborne pathogen and infection control certification training lapsed on 9/29/22 and CG#3's lapsed on 1/10/23. Both were without the current certifications.

41.(c)- CG#1 without the required annual in-services requirement of 12 hours (short of 6 hrs for 2022); CG#2 and CG#3 were without the required annual in-services of 8 hours for the year 2022.

Foster Family Home - Deficiency Report

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 the monthly fire drill documented. CG#1, CG#2, and CG#3 were without documentation of conducting a monthly fire drill.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications' side effects was present in Client #1's chart.

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;

Comment:

49.(a)(1)- No non-slip surface was present on clients' bathroom floor/shower.

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)- CG#2 and CG#3 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1)- CCFFH's General liability insurance policy lapsed on 12/31/22 and no current policy was present in the CCFFH binder.

Foster Family Home

Client Rights

[11-800-53]

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)- Clients' bedrooms are supposed to allow clients to lock them from the inside for privacy. There was no lock in Client #1's bedroom door to allow client to lock and unlock door.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(a)(2) Appropriate program policies and procedures; and

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(a)(2)- No list of community resources present in the CCFFH binder.

54.(c)(2)- Client #1's Service Plan lapsed on 11/2/22 and no new/current Service Plan was present in the client's chart.

Maibet Nakamine, R 3/22/23
Compliance Manager Date
Gene L. Lending Jr 3/22/23
Primary Care Giver Date