

# Foster Family Home - Deficiency Report

Provider ID: 1-150035

Home Name: Joyce Sharsy, CNA

Review ID: 1-150035-13

87-556 Manuu Street

Reviewer: Jackie Chamberlain

Waianae

HI 96792

Begin Date: 3/9/2023

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

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.

Deficiency Report issued during CCFFH inspection with plan of correction required, due to CTA within 30 days of inspection.

## 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;

Comment:

8.(a)(1)APS CAN outdated for CG 2 and 3  
APS CAN Fingerprint not done for new HHM # 3  
This is a repeat citation

## Foster Family Home Reporting Changes [11-800-12]

12.(4) In the household composition or structure of the home; and

Comment:

12.(4) CG 1 disclosure is outdated, this is a repeat citation

## 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) no confidentiality training documented for HHM 3

## Foster Family Home Personnel and Staffing [11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) CG 1,2 3 and HHM 3, and 3 minors have no documentation for TB clearance This is a repeat citation

# Foster Family Home - Deficiency Report

## 3 Person Staffing

## 3 Person Staffing Requirements

## (3P) Staff

(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) CCFFH has not been using any 3 person home Sign Out sheets to track the hours the CG is out of the home since 2021  
This is a repeat citation

## Foster Family Home

## Client Care and Services

## [11-800-43]

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) Client # 1 does not have delegation for blood glucose monitoring ordered January 2023 but not started, and insulin ordered (date unknown) but not started

## Foster Family Home

## Physical Environment

## [11-800-49]

49.(c)(1)      The primary or substitute caregiver shall follow appropriate preventative maintenance procedures for equipment and devices used in the care of clients;

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

Comment:

49.(c)(1) Client 2 is laying naked on plastic mattress cover. The bed and bedroom was without linens or blanket  
49.(c)(3) Indoor and outdoor living spaces are cluttered in an unsafe manner. Clients bedrooms and bathroom have dirt and grime throughout the floors and walls  
this is repeat violation

## 3 Person Physical Environment

## 3 Person Physical Environment

## (3P) Env.

(3P)(b)(2) Env.      the room must be adequate for socialization and recreation by the clients

(3P)(b)(3) Env.      the room must have adequate furnishings, e.g., lamps and chairs

(3P)(c)(3) Env.      the room must have adequate furnishings, e.g., tables and chairs

Comment:

(3P)(b)(3) Env. CCFFH office files are stored in client 3 bedroom taking up usable space for the client, and using the client bedroom for office purposes

(3P)(b)(2) Env Furniture is turned facing the wall to avoid its use

(3P)(c)(3) Env. The CCFFH kitchen table is a bar island in the kitchen which is cluttered with food storage. There is no place for clients to sit for a meal

# Foster Family Home - Deficiency Report

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:

Comment:

50(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

Foster Family Home

Fiscal Requirements

[11-800-52]

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:

52b No CCFFH budget or fiscal records (i.e bank statement) present to show CCFFH's resources.

Foster Family Home

Records

[11-800-54]

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

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.(b)(1) CCFFH administrative binder and clients binders is in disarray making it difficult to survey.  
This is a repeat citation

54.(c)(2) Service plan for clients #1 and # 2 and 3 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice. All service plans in client binders are outdate. Documentation on all clients is not present for over 1 month and CTA is unable verify that service plan is being followed

54.(c)(5) Medication discrepancy for client # 1 and # 2 and 3 medication prescription label did not match medication administration record and / or the signed MD orders. Due to lack of documentation, CTA is unable to determine which meds have been given as ordered

54.(c)(5) Client # 1 has insulin ordered which is not present in the CCFFH. Blood glucose monitoring was ordered 1/23 but not started

54c6: Daily documentation and medication administration record have no documentation since February 11,2023

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

3/9/23  
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Date  
3/9/23  
\_\_\_\_\_  
Date