

# Foster Family Home - Deficiency Report

Provider ID: 1-511643

Home Name: Loreen Troxel, CNA

Review ID: 1-511643-12

98-881 Ilikee Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 2/22/2023

## 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 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of date of inspection (issued on 2/22/23).

## 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#1's APS/CAN lapsed on 4/1/22 and no current result was in record. No current APS/CAN/Fingerprint results were present for HHM#1 and HHM#2.

## 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 policies and procedures and client privacy rights training present for CG#4, HHM#1, and HHM#2.

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

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

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

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

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)(7)- CG#1's TB clearance lapsed on 2/4/23 and CG#2's TB clearance lapsed on 8/18/22. Both did not have current results in record.

41.(f), (f)(1)- No TB clearances were present in record for HHM#1 and HHM#2.

41.(g)- No basic skill checks present in record for CG#1, CG#2, and CG#4.

# Foster Family Home - Deficiency Report

## 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)- No RN delegations were present for CG#2 and CG#4 in Client #1's chart.

## 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), (b)(6)Fire- No December 2022 monthly fire drill conducted by the CCFFH. CG#4 without evidence of having conducted a monthly fire drill.

## Foster Family Home

## Medication and Nutrition

[11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d), (1), (2)- No physician order was present and use of siderails were not addressed in Client #2's Service Plan.

## Foster Family Home

## Physical Environment

[11-800-49]

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

Comment:

49.(c)(3)- CCFFH's living room and hallways were cluttered with clothes on the sofa and floor; hallway was obstructed with household items, boxes, etc. making access inside of facility difficult.

## 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.(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:

50.(e)(2) Inspection of service sites;

Comment:

50.(a)- CG#4 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

50.(e), (2)- CCFFH's gate buzzer was not functioning; CTA pressed the buzzer for approximately 7-10 minutes then called CG#1's home & cellphones that both went unanswered. CTA finally yelled out CG#1's name multiple times.

# Foster Family Home - Deficiency Report

## Foster Family Home Insurance Requirements [11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- CCFFH's automobile insurance policy lapsed on 12/15/22 and no current policy was present in record.

## 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:

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

## 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)(1) Client's vital information;

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

54.(c)(3) Current copies of the client's physician's orders;

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;

54.(c)(8) Personal inventory.

Comment:

54.(b)(1)- CCFFH's binder was in disarray inhibiting the compliance manager's effective review.

54.(c)(1)- Client #2 did not have a current face sheet on file.

54.(c)(2)- Client #1 did not have a current Service Plan in record. Client #2's Service Plan lapsed on 10/19/22- last one in record was dated 4/19/22.

54.(c)(3)- Client #1's Admission order and medications orders were without the signatures of client's physician.

54.(c)(5)- Client #1's Medication Administration Record (MAR) without the signatures of caregivers from 2/19/23- 2/22/23. One medication's label/dose did not match the physician's order and the MAR.

Client #2's MAR was last signed on 2/20/23.

54.(c)(6)- No ADLs/Daily Care Flowsheet was present in Client #1's record/chart for the month of February 2023.

54.(c)(8)- Client #1 did not have evidence that a personal inventory log has been initiated and or maintained.

Maribel Nakamine, RN 2/22/23  
Compliance Manager Date  
Jane D. Ornelas 2/22/23  
Primary Care Giver Date