

Foster Family Home - Deficiency Report

Provider ID: 1-180038

Home Name: Maria Cristine Arzadon, CNA

Review ID: 1-180038-10

1438 Nanakai Street

Reviewer: Maribel Nakamine

Pearl City

HI 96782

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- 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 3/9/23).

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#4 without evidence of the second set of APS/CAN/Fingerprinting present in the CCFFH binder (2nd violation; previously cited 5/2022) and Ecrim lapsed on 8/3/22 and no current result was present.

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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#3, CG#4, HHM#1, and HHM#2.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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- 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.(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 did not meet the department's guidelines- was not signed by an MD, Physician's Assistant, or a Nurse Practitioner. CG#3's TB clearance lapsed on 10/25/22 and CG#4's lapsed on 8/26/22. Both were without current TB clearances present.

41.(b)(8)- CG#1's bloodborne pathogen and infection control certification lapsed on 8/22/22 and CG#3's lapsed on 9/3/22. Both were without current certifications present. CG#4 without a certification present.

41.(c)- CG#1 was short of 5.5 of annual in services hours for the year 2021; short of 7 hours for the year 2022. CG#3 was short of 8 hours for the year 2021 and 10.25 hours short for the year 2022. CG#4 without any hours for the years 2021 & 2022.

41.(f)(1)- HHM#2's TB clearance lapsed on 11/1/22 and no current result was present.

41.(g)- No basic skills check present for CG#1 and CG#3 in Client #1's chart nor the CCFFH binder.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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- (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 evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance Manager was unable to verify the number of hours CG#3(NA) worked in a day or week.

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.

- 43.(c)(4) Include the provision of personal care, homemaker, and respite services as appropriate;

Comment:

43.(c)(3)- No RN delegations were present for CG#3 in Client #1's chart.

43.(c)(4)- Client #1 was observed to be lying in dirty bedsheets; soiled clothing with bread/cookie crumbs. Client #2 without a bedsheet on the bed and dressed in a hospital gown. Client #2 only had 5 articles of clothing available- 1 long pants and 4 shirts.

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3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

(3P)(b)(4) Fire shall include testing of smoke detectors

(3P)(b)(6) Fire shall include all SCGs at least once per year

(3P)(e)(3) Fire A fire alarm system shall be installed. An approved National Fire Protection Association (NFPA) 72 household smoke alarm system shall be installed in accordance with one and two family building codes; and

Comment:

(3P) (b)(1), (2),(6) Fire- the CCFFH did not have evidence that fire drills had been conducted monthly nor were being held at different times of the day, evening, and night. CG#4 without evidence of having conducted a fire drill for the past 12 months.

(3P) (b)(4), (e)(3) Fire- The CCFFH's smoke detector was stored in a kitchen drawer; was not installed anywhere in the CCFFH. CG#1 was unable to demonstrate/test the smoke detectors during CCFFH inspection.

Foster Family Home

Client Account

[11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a)- The CCFFH did not have evidence that a written accounting of Client #1, Client #2, and Client #3's personal funds received and expended on the clients' behalf were being maintained.

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 nonslip surface was present in clients' 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#3 and CG#4 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 in the CCFFH binder lapsed on 11/30/22.

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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)- Client #1 was observed lying flat in bed asleep with a plate of sliced breads placed on top of his chest.

Foster Family Home

Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

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)(5) Medication schedule checklist;

Comment:

54.(b)- No caregivers' signatures present for each dated entries in Client #1's progress/observation notes documentations.

54.(b)(1)- Client #1, Client #2, Client #3's charts and CCFFH binder were in disarray inhibiting the compliance manager's effective review.

54.(c)(1)- Client #3 without an updated Face Sheet to reflect changed in medical insurance/status.

54.(c)(2)- Client #1's Service Plan dated 9/26/22 without the client/POA's signature.

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

Client #1- No MAR for the month of March 2023 was initiated. February 2023 MAR was last signed on 2/25/23. December 2022 MAR was last signed on 12/16/22; October 2022 MAR was last signed on 10/21/22; September 2022 was last signed on 9/16/22; July 2022 MAR was last signed on 7/15/22; April 2022 was last signed on 4/25/22 and March 2022 MAR was last signed on 3/18/22.

One scheduled medication was not discontinued in client's MAR. Another scheduled medication was not written in client's MAR and one daily scheduled medication was not available during CCFFH inspection.

Client #2- No March 2023 MAR was initiated. February 2023 MAR was last signed on 2/21/23. One scheduled medication was not written in client's MAR.

Client #3- No March 2023 MAR was initiated. February 2023 MAR was last signed on 2/21/23. One scheduled medication was not available during CCFFH inspection and CG#1 reported to using Client #1's own supply of that medication.

Maribel Nakamine, RW

Compliance Manager

[Signature]

Primary Care Giver

Date

Date

3/9/23
3/9/23