

Foster Family Home - Deficiency Report

Provider ID: 1-624610

Home Name: Marlene Diego, CNA

Review ID: 1-624610-15

94-1237 Halelehua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/6/2023

Foster Family Home	Required Certificate	[11-800-6]
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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 (4/6/23 inspection date).

Foster Family Home	Background Checks	[11-800-8]
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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)- CG#1's APS/CAN lapsed on 9/8/22 and no current result was present.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(3) Inform clients about their confidentiality practices;

16.(c) Information about an applicant or recipient shall not be used or disclosed unless;

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

16.(c)(2) The use or disclosure is specifically permitted under applicable federal or state rules or regulations.

Comment:

16.(b)(3), (c), (1), (2)- No confidentiality practices and disclosure/consent forms completed/signed in Client #1's record/chart.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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)(5)- No Alternate Transportation Form completed in the CCFFH binder.

41.(c)- CG#1 without any hours of the required 12 hours of annual in-services (2023).

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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:

3(P)(b)(2)Staff- Last entry in Sign In/Out Sheet was on 5/10/22.

Foster Family Home

Grievance

[11-800-45]

45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:
- 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;
- 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and
- 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45. (1), (2), (3)- No Grievance Policy Form present in Client #1's record/chart.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

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

Comment:

(3P)(b)(1)Fire- CCFFH's last fire drill documented was on 10/5/22.

Foster Family Home

Medication and Nutrition

[11-800-47]

- 47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.
- 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.
- 47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(b)- No MD orders were present in Client #1's record.

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

47.(e)- No training present for CG#1 and CG#2 in Client #1's special feeding needs (Pureed) in client's record/chart.

Foster Family Home - Deficiency Report

Foster Family Home	Client Account	[11-800-48]
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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.
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Comment:

48.(a)- No evidence that Clients' Personal funds record was initiated nor maintained for Client #1, Client #2, and Client #3.

Foster Family Home	Physical Environment	[11-800-49]
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49.(c)(3)	The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.
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49.(e)	The home shall have policies regarding smoking on the property that:
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49.(e)(2)	Identify designated areas that may be used for purposes of smoking.
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Comment:

49.(c)(3)- Clients' bathroom sink and toilet were stained with brownish materials.

An Oxygen tank was stored in front of CCFFH cars inside the garage. Oxygen tank when exposed to heat will burst/create a fire hazard.

49.(e), (2)- Smoking policy not present in CCFFH/record.

Foster Family Home	Client Rights	[11-800-53]
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53.(a)	Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.
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Comment:

53.(a) No written policies and procedures present in CCFFH nor in Client #1's record/chart.

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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)(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;

Comment:

54.(b)- No progress/observation notes present in Client #1's chart/record since admitted to CCFFH in January 2023.
 54.(b)(1)- CCFFH chart was in disarray preventing effective review by the compliance manager.
 54.(c)(1)- No MD information in Client #1's face sheet.
 54.(c)(2)- No Service Plans were present in Client #1 and Client #3's chart /record.
 54.(c)(3)- No MD orders present in Client #1's chart since admission to CCFFH.
 Client #2 was being fed pureed diet- latest MD order on 1/25/23 was for regular diet.
 54.(c)(5)- Medication discrepancies were noted for Client #1, Client #2, and Client #3.
 Client #1- No monthly Medication Administration Record(MAR) initiated nor maintained for the months of January 2023, February 2023, March 2023, and April 2023. Compliance manager unable to verify/reconcile client's medications being administered to client. CMA RN (owner) was notified during CCFFH inspection.
 Client #2- MAR was last signed on March 20, 2023 and no MAR present for the month of April 2023.
 Client #3- MAR was last signed on March 20, 2023.
 54.(c)(6)- No monthly ADLs/Daily Care Flowsheet was initialed or maintained from January 2023-April 2023 for Client #1's chart/record.
 54.(c)(6)- No monthly RN Visit Summary was present in Client #1's record for the months of February 2023 and March 2023.


 Compliance Manager


 Primary Care Giver

Date 4/6/23
 Date 4/6/23