

Foster Family Home - Deficiency Report

Provider ID: 1-588931

Home Name: Nancy Daproza, CNA

Review ID: 1-588931-13

1326 Hooli Circle

Reviewer: Maribel Nakamine

Pearl City

HI 96782

Begin Date: 3/31/2023

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 3/31/23).

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;

Comment:

8.(a)(1)- No 2nd set of APS/CAN/Fingerprinting was present for CG#2.

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

41.(a)(1) Reside in the community care foster family home;

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.

Comment:

41.(a)(1)- No written authorization from landlord to use property as a CCFFH.

41.(b)(7)- CG#2's TB clearance lapsed on 6/22/22 and no current TB result was present.

41.(b)(8)- CG#1's CPR/basic first aid certification lapsed on 3/27/21 and no current certification was present. CG#1 and CG#2's blood borne pathogen and infection control training lapsed on 11/5/22 and 11/2/22. There were no current certifications present.

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)- No fire drill documentation present for the past 12 months. CG#2 without evidence of conducting a monthly fire drill for the past 12 months.

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Foster Family Home

Physical Environment

[11-800-49]

- 49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;
- 49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.
- 49.(e) The home shall have policies regarding smoking on the property that:
- 49.(e)(1) Prohibit smoking in enclosed living and recreational areas used by clients; and
- 49.(e)(2) Identify designated areas that may be used for purposes of smoking.

Comment:

- 49.(a)(4)- Back door emergency exit near the dining area was obstructed with a stack of multiple large tires making it impossible for a wheelchair/walker to pass through in the event of an emergency/evacuation.
- 49.(c)(3)- Clients' bathroom sink with brownish stained/dirt throughout. Toiled bowl was stained with grayish/blacking mildew.
- 49.(e), (1), (2)- No smoking policy was present in the CCFFH or CCFFH binder.

Foster Family Home

Client Rights

[11-800-53]

- 53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

- 53.(b)(15)- No visiting policy was present in the CCFFH or CCFFH binder.

Foster Family Home

Records

[11-800-54]

- 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.(e) When a client leaves a home, all records and reports kept by the home shall be given to the case management agency.

Comment:

- 54.(c)(5)- Client #1's Medication Administration Record was last signed on 3/26/23.
- 54.(c)(6)- No March 2023 Client #1's Daily Care Flowsheet/ADLs was initiated or maintained.
- 54.(e)- Client #1 did not have evidence that a personal inventory log has been initiated and or maintained.

Mariabel Nakamine, RN

Compliance Manager

Nancy Lopez

Primary Care Giver

3/31/23

Date

3/31/23

Date