

Foster Family Home - Deficiency Report

Provider ID: 1-210060

Home Name: Serge Perez, CNA

Review ID: 1-210060-6

99-1164 Halawa Heights
Road

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 4/11/2023

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 home 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 (date issued on 4/11/23).

PCG requests to increase from a 2-bed to a 3-bed CCFFH.

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 and CG#4's APS/CAN/Fingerprinting result lapsed on 7/21/22 and was done on 8/3/22. No APS/CAN/Fingerprinting results were present for all adult Household (HHMs) members residing in the upstairs unit of the CCFFH.

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#5 and all adult HHMs living on the upstairs unit of the CCFFH.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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

Comment:

41.(a)(3)- No Job Experience Forms were completed for CG#3 and CG#5.

41.(b)(7)- CG#1's TB clearance lapsed on 1/18/23 and was done on 4/6/23. CG#4's lapsed on 7/21/22 and was done on 3/30/23.

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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#3, CG#4, and CG#5 in Client #1's chart.

Foster Family Home **Fire Safety** **[11-800-46]**

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#5 without evidence of having conducted a monthly fire drill in the CCFFH.

Foster Family Home **Medication and Nutrition** **[11-800-47]**

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.

Comment:

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

Foster Family Home **Physical Environment** **[11-800-49]**

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4)- CCFFH's Emergency Exit door near the kitchen was locked from the outside. Unable to open during CCFFH inspection and per CG#1, the door was locked on the outside. Clients and household members will not be able to exit safely in the event of an emergency/evacuation.



Compliance Manager Date 4/11/23



Primary Care Giver Date 4/11/23