

Foster Family Home - Deficiency Report

Provider ID: 1-170021

Home Name: Steeven Pineda, CNA

Review ID: 1-170021-11

94-593 Pilimai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/13/2023

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 date (issued on 2/13/23).

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/Fingerprinting lapsed on 3/27/21 and was done on 6/22/22. CG#3's APS/CAN/Fingerprinting lapsed on 3/27/21 and was done on 6/28/22. CG#4's APS/CAN/Fingerprinting lapsed on 3/27/21 and no current result was present. CG#5 without the 1st and 2nd results of APS/CAN/Fingerprinting.

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)- No confidentiality policies and procedures and client privacy rights training was present for CG#3, CG#4, and CG#5.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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- 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)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

- 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.(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.(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.(a)(3)- No Job Experience for was present for CG#5.
- 41.(b)(4)- No Caregiver Disclosure form was present for CG#5.
- 41.(b)(5)- No copy of Identification was present for CG#5.
- 41.(b)(7)- CG#5's TB clearance lapsed on 11/8/22 and no current result was present.
- 41.(b)(8)- No basic first aid certification present for CG#1, CG#3, and CG#4.
- 41.(c)- CG#3 and CG#5 were short of 2 hours each of the required 12 hours of the annual in-services for the year 2022.
- 41.(g)- No basic skills checks were present for CG#3 and CG#5 for Client #1's chart/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 Sign In/Out forms were completed for the years 2021 and 2022.

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.

Comment:

- 43.(c)(3)- No RN delegations were present for CG#3 and CG#5 for Client #1, Client #2, and Client #3.

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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

Comment:

(3P)(b)(1), (b)(2) Fire- CCFFH did not have evidence that fire drills had been conducted monthly. No nighttime fire drill was conducted for the past 12 months.

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 list of medications' side effects was present in Client #1's chart/CCFFH binder.

Mahir K. Nakhani, Sr 2/13/23
Compliance Manager
[Signature]
Primary Care Giver
Date 2/13/23
Date