

# Foster Family Home - Deficiency Report

Provider ID: 5-623589

Home Name: Leonarda Batulayan

Review ID: 5-623589-16

5419 Kuapapa Street

Reviewer: Maribel Nakamine

Kapa'a HI 96746

Begin Date: 5/11/2023

## 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 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 5/11/23).

## 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 lapsed on 7/30/22; Ecrim lapsed on 7/19/22 and CG#2's APS/CAN lapsed on 9/21/22; Ecrim lapsed on 11/3/22. All documents were without the current results 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)- HHM#1 and HHM#2 were without evidence of having been trained with the CCFFH's confidentiality policies and procedures and client privacy rights.

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## Foster Family Home

## Personnel and Staffing

[11-800-41]

- 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)(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.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:
- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and
- 41.(f)(2) Background checks

Comment:

- 41.(b)(4)- CG#1's [REDACTED] Caregiver Disclosure form was not updated to reflect current household members.
- 41.(b)(7)- CG#1's TB clearance lapsed on 11/18/21; CG#2's lapsed on 8/4/21 and no current results were present.
- 41.(b)(8)- CG#1's CPR and basic first aid trainings lapsed on 1/2023 and CG#2's lapsed on 8/2022. Both caregivers were without the current certifications present. CG#1 and CG#2's blood borne pathogen and infection control trainings lapsed on 1/19/23 and no current certifications were present.
- 41.(f), (f)(1), (f)(2)- HHM #1 and HHM#2 were without evidence of any TB clearances. HHM#2 without results of APS/CAN/Fingerprint.

## 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#1 and CG#2 in Client #2's record/chart.

## 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.

Comment:

- 46.(a)- CCFFH without the monthly fire drill present for the following months- December 2022, February 2023, and April 2023.

# Foster Family Home - Deficiency Report

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

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- 47.(d) Use of physical or chemical restraints shall be:

  - 47.(d)(1) By order of a physician;

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  - 47.(d)(2) Reflected in the client's service plan; and

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  - 47.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

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  - 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.(c)- No list of medications' side effects was present in Client #1's chart.  
 47.(d), (d)(1), (d)(2), (d)(3) - No MD order present for Client #1's full bed rails. Client #2 with full bedrails and there were 3 objects used as barriers such as a wooden chair, commode, and wheelchair tied to one side of bedrails. There was no MD order for Client #2's full bedrails.  
 47.(e)- No training present in Client #2's special feeding needs (on puréed diet) for CG#1 and CG#2.

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.

Comment:

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

Foster Family Home	Physical Environment	[11-800-49]
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- 49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

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- 49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

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- 49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

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- 49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(4)- there was a step present from clients' bedrooms and hallways to the dining area and kitchen; no ramp was present. Emergency exit door located in Client #1's bedrooms with multiple door latches from the inside and was locked from the outside. Unable to open door during inspection- CG#1 reported that the key was not available as one of the HHM#1 took it with him ( HHM was not present in CCFFH)  
 49.(a)(5)- There were no smoke detectors present in the CCFFH.  
 49.(b)(3)- CCFFH without a clients' call system in place as CG#1's bedroom's location was far from the clients' bedrooms.  
 49.(c)(3)- Client #1's bedroom with a strong pungent smell of human urine. Client #2's bedroom window latches were broken- unable to open glass jalousies and no fresh air in bedroom. Client #2's windows/sills were dusty/dirty.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- CCFFH's automobile insurance policy lapsed on 2/14/21 and no current policy statement was present.

## Foster Family Home

## Fiscal Requirements

[11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

52.(a)- No fiscal record present for the year 2022.

## 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 #2's bedsheet was dirty. Client's clothing with multiple spots of black/grayish stains. Client looked and appeared disheveled.

## Foster Family Home

## Records

[11-800-54]

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

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;

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)(1)- Client #2's chart was in disarray inhibiting the compliance manager's effective review.

54.(c)(2)- Client #2's Service Plan dated 1/25/23 without the POA's signature.

54.(c)(5)- Medication discrepancies were noted for Client #1 and Client #2.

Client #1- there were four medications without MD's orders for Client #1. No Medication Administration Records(MAR) were present for the months of May 2023 and December 2022. MAR was last signed on 4/27/23.

Client #2- there was one daily lifesaving medication not available during CCFFH inspection. MAR was last signed on 5/10/23 morning doses. The afternoon doses did not contain signatures.

54.(c)(6)- Client #1's Daily Care Flowsheet was last signed on 4/7/23. November 2022, February 2023, and May 2023 Daily Care Flowsheets were not present.

54.(c)(6)- No RN visit/summary present for the months of January 2023 and March 2023 in Client #1's chart/record.

Mai bel Nakamine, RN 5/11/23  
Compliance Manager Date

Joseph B. Bulaya 5/11/23  
Primary Care Giver Date