

Foster Family Home - Deficiency Report

Provider ID: 1-220056

Home Name: Leilani C. Domingo, CNA

Review ID: 1-220056-3

94-663 Kehela Street

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 5/18/2023

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 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 5/18/23).

Foster Family Home	Background Checks	[11-800-8]
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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#2 without the 2nd set of APS/CAN/Fingerprint result; APS/CAN lapsed on 4/22/23 and Ecrim lapsed on 4/12/23. CG#4's APS/CAN/Fingerprint lapsed on 3/18/23 and no current result was present.

Foster Family Home	Information Confidentiality	[11-800-16]
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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)- CG#7 and CG#8 were without evidence of having been trained with the CCFFH's confidentiality policies and procedures and client privacy rights.

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Personnel and Staffing

[11-800-41]

- 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.(d) The substitute caregiver who provides three or more hours of services per day to a client shall, at a minimum, be a NA.
- 41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.
- 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.
- 41.(j) When the primary caregiver will be absent or unable to perform regular duties, and clients are present, the primary caregiver shall:
- 41.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

- 41.(b)(7)- CG#1's TB clearance lapsed on 1/14/23; CG#4's lapsed on 3/5/23; and CG#7's lapsed on 4/20/23. All were without the current clearances present in the CCFFH binder.
- 41.(b)(8)- CG#3's CPR and basics first aid lapsed on 11/20/22 and blood borne pathogen and infection control training lapsed on 1/19/23. No current certifications were present. CG#8 without a basic first aid certification present and blood borne pathogen and infection control training lapsed on 1/8/21 and no current certification was present.
- 41.(c)- CG#1, CG#3, CG#4, CG#5, CG#6, and CG#7 all lacked hours of the required annual in - services for the current year (2023).
- 41.(d)- During survey inspection, CG#5 was caring for the 2 clients for more than 3 hours (CG#5 was a <3 hrs department approved caregiver). CG#5 reported working from 9:00am - 2:00pm.
- 41.(e), (j), (j)(2)- an Unapproved caregiver was present in the CCFFH during survey/inspection. Admitted. to caring for the 2 clients as evidenced in both clients' records (Medication Administration Records contained signatures/initials of administering clients' medications) in the CCFFH while primary caregiver (CG#1) was away from the CCFFH.
- 41.(g)- No basic skills check present for CG#5 in Client #1's chart/record.

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 on Oral, Topical, Patch Medications Administration for CG#7 in Client #1's chart/record.

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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 monthly fire drills completed/present for the months of October 2022, November 2022, December 2022, January 2023, and March 2023. CG#3, CG#4, CG#5, CG#7 and CG#8 were without evidence of having conducted a monthly fire drill for the CCFFH.

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Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#5, CG#6, CG#7, and CG#8 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home

Records

[11-800-54]

54.(a)(3) A list of applicable community resources.

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;

54.(c)(8) Personal inventory.

Comment:

54.(a)(3)- No list of community resources present in the CCFFH.

54.(c)(2)- Client #1's Service Plan dated 2/7/23 contained only the first page(signature); incomplete. Client #2's Service Plan dated 2/28/23 without the POA's/Client's signature.

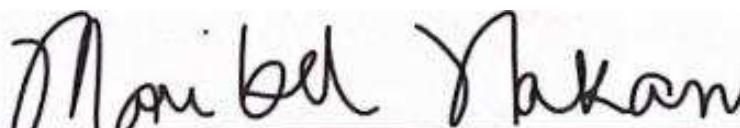

54.(c)(5)- Client #1's Medication Administration Record for the month of May 2023 without the caregiver's signatures from May 1, 2023- May 12, 2023, May 15, 2023 and May 16, 2023. Compliance Manager was unable to determine if medications were given on those dates.

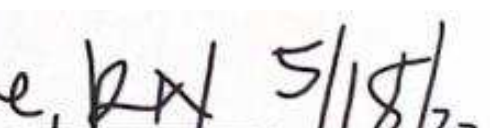
Client #2's Medication Administration Record lacked caregiver's signatures on May 15, 2023 and May 16, 2023.

54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet lacked caregivers' signatures from 5/1/23-5/12/23 and 5/15/23 - 5/16/23.

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

54.(c)(8)- No evidence in the CCFFH that Client #1's Personal inventory log was initiated and or being maintained.


 Compliance Manager

 Primary Care Giver


 Date
 5/18/23
 Date
 5/18/23