

Foster Family Home - Deficiency Report

Provider ID: 1-628191

Home Name: Maritess Mercado, NA

Review ID: 1-628191-16

94-1085 Awanani Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/19/2023

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 6/19/23).

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 and CG#2's APS/CAN lapsed on 4/26/23 and Ecrim lapsed on 4/25/23. Both were without the current results of APS/CAN and Ecrim present. CG#4's APS/CAN lapsed on 6/10/23 and Ecrim lapsed on 4/25/23. No current results were 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)- No confidentiality policies and procedures and client privacy rights training were present for CG#2, CG#3, CG#4, and CG#5.

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

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)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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.(b)(5)- CG#1's driver license/ID expired on 3/3/23.

41.(b)(8)- CG#4's CPR/First Aid certification lapsed on 5/25/23 and no current certificate was present.

41.(g)- No Basic Skills Checks completed for CG#2, CG#3, CG#4, and CG#5 in Client #1's chart/record.

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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 such as for Oral medications, C-Pap machine use, and Blood Glucose Checks were present for CG#2, CG#3, CG#4, and CG#5 in Client #1's chart/records. Per CG#5- reported to compliance manager during CCFFH survey that the RN delegations were done by CG#1(licensed as an NA). CG#5 was substituting for CG#1's (redacted) Caregiver on vacation) CCFFH without properly delegated by the client's CMA RN.

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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#4 without evidence of having conducted a monthly fire drill for the past 12 months. CG#5 was unable to demonstrate the CCFFH's smoke detector testing during CCFFH survey inspection.

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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.

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

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

Comment:

47.(c)- No list of medications' side effects present in Client #1's chart/records.

47.(d), (d)(1)- No MD order present for Client #1's full bed rails.

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Physical Environment

[11-800-49]

49.(e) The home shall have policies regarding smoking on the property that:

Comment:

49.(e)- CCFFH did not have evidence of a policy regarding smoking.

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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)- the CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. CG#2, CG#3, CG#4, and CG#5 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

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Foster Family Home Insurance Requirements [11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- The CCFFH did not have evidence of a current automobile policy.

Foster Family Home Client Rights [11-800-53]

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

Comment:

53.(b)(15)- CCFFH did not have evidence of having a visiting policy.

Foster Family Home Records [11-800-54]

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

54.(c)(1) Client's vital information;

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 binder/chart.

54.(c)(1)- Client #1's Facesheet/Vital Information was not updated to reflect current payor source.

54.(c)(2)- Client#1's Service Plan in regard to use of c-pap machine was not followed. Client was asleep during CCFFH survey for over an hour and a half. Service Plan (dated 1/16/23) stated, "I will have my sleep apnea machine when going to sleep." "My caregiver will apply my CPap machine...".

54.(c)(5)- Client #1's Medication Administration Record (MAR) was last signed on 6/15/23 and no caregivers' signature present from 6/16/23- 6/19/23 (am). There was one medication without a written MD order, bottle label was dispensed on 6/13/23, and not transcribed in the client's MAR.

54.(c)(6)- Client #1's Daily Care Flowsheet was last signed on 6/7/23. No caregivers' signatures were present from 6/8/23- 6/19/23.

54.(c)(8)- Client#1 did not have evidence that a personal inventory log has been initiated and/or maintained.

Maribel Nakamine, RW 6/19/23
Compliance Manager Date
JM. Johnson SCG 6/19/23
Primary Care Giver Date