

Foster Family Home - Deficiency Report

Provider ID: 1-512477

Home Name: Ofelia Albano, CNA

Review ID: 1-512477-13

94-1089 Waipahu Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 5/26/2023

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 5/26/23).

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#1 and CG#4's APS/CAN lapsed on 3/8/23 and no current result was present. CG#2's APS/CAN lapsed on 3/3/22 and Ecrim lapsed on 5/25/23- no current results were present. CG#4's Ecrim lapsed on 2/18/23 was not done until 3/17/23.

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#5 and undisclosed 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.(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.(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 the current household members. CG#5 without a completed [REDACTED] Caregiver Disclosure form.
- 41.(b)(7)- CG#2's TB clearance lapsed on 3/4/23 and no current result was present.
- 41.(b)(8)- CG#1 and CG#2's CPR and basic first aid lapsed on 5/15/23 and no current certifications were present. CG#2's CPR lapsed on 1/3/22 and no current certification was present; no basic first aid was present. CG#2's blood borne pathogen and infection control lapsed on 8/20/21 and no current certification was present. CG#5 without any evidence of blood borne pathogen and infection control training/certification.
- 41.(c)- CG#2 without the required 8 hours of annual in services for the years 2022 and 2023.
- 41.(f), (f)(1), (f)(2)- HHM#2 without any result of a current TB clearance and background checks.

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

Comment:

- 46.(a), (b)(2)- Last monthly fire drill was on 3/7/23; none for April 2023. CG# 2 and CG#5 without evidence of having conducted a monthly fire drill. CG#5 was unable to perform smoke detector test during CCFFH survey/inspection.

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 present in Client #1's chart/records.

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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)- Emergency exit door located near the clients' bedrooms were obstructed with household items such as a rack of clothing, chair, bags of rice, laundry baskets, ironing board, etc. On the outside, the pathway was blocked with 2 racks of clothing, lawn mowers, boxes, etc. and would not allow a wheelchair or walker access in case of emergency.

Foster Family Home

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:

50.(e)(2) Inspection of service sites;

Comment:

50.(a)- CCFFH without an Emergency Preparedness Plan present; CG#2, CG#4, and CG#5 were without evidence of having been trained with the Emergency Preparedness Plan.

50.(e)(2)- CCFFH gate buzzer was not functioning as CG#5 was unaware that compliance manager was at the gate- no response when gate buzzer was pressed multiple times.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- CCFFH's automobile policy lacked the coverage information and dates covered. Compliance manager was unable to determine if policy was current.

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.

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(a), (b)- CCFFH without evidence of having maintained fiscal records for the past 12 months.

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

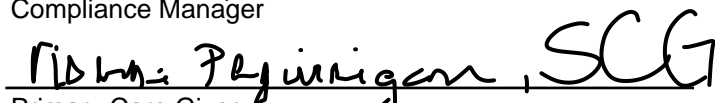
Comment:

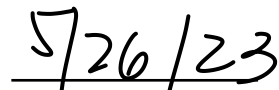
54.(c)(5)- Medication discrepancies were noted for Client #1 and Client #2.

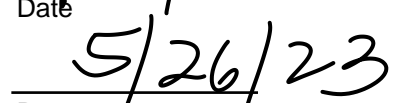
Client #1- a daily scheduled medication's label and MD's order did not match the client's Medication Administration Record (MAR). There were two 8:00pm (5/26/23) medications that were signed ahead of time.

Client #2- one medication's frequency in the client's MAR did not match the MD's order. A nighttime eyedrop medication was not signed in client's MAR as administered from October 2022- May 25, 2023. One medication that was discontinued by client's MD on 10/18/22 was not discontinued in client's MAR. There were five pm/nighttime scheduled medications that were signed ahead of time (5/26/23 6pm, 7pm, 8pm).


Compliance Manager


Primary Care Giver


Date


Date