

# Foster Family Home - Deficiency Report

**Provider ID:** 1-574625

**Home Name:** Rebecca Madrid, CNA

**Review ID:** 1-574625-13

2646 Kalihi Street

Reviewer: Po Lim

Honolulu

HI

96819

Begin Date: 5/30/2023

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 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 5/30/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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) Second Fingerprint check is overdue for CG# 1, #3, #4, and HHM#2. No records of fingerprinting before 2008, nor 2 sets of APS/CAN/Fingerprints within 12 months.

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) No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#2, #3, #4, and HHM# #1 and #2.

# Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
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)(C)(i)	Have a valid driver's license;	
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.	

Comment:

41(a)(3) No job experience form present for CG#2 and #3.

41.b.4. No updated disclosure form present for CG# 1.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG# 3, #4, and HHM# 2.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG# 3 and #4. Both missing.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG# 2. CG# 2 requires 12 hours of in-service training, but had only 11 hours attended in 2022- 2023.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
(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) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours CG# 2 (NA) worked in a day or week.

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 delegation present for Client #1 and #2 for CG# 2.

# Foster Family Home - Deficiency Report

## 3 Person Fire Safety, Natural Disaster

## 3 Person Fire Safety

## (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year. CG#4 have not conducted a fire drill in the past 12 months.

## 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:

Comment:

50.(a) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. All CGs did not received the training and did not sign the acknowledging form.

## Foster Family Home

## Records

[11-800-54]

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(c)(2) No current signatures from POA/Client for service plans present for Client# 1 and #2.

54(c)(5) No MAR present for May 2023 for Client# 1.

54(c)(6) Client# 1 and #2 ADL flowsheets was not documented daily. Sheet not completed from 5/26/2023 to 5/30/2023.

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

Compliance Manager

Primary Care Giver

Date

Date