

# Foster Family Home - Deficiency Report

Provider ID: 1-511578

Home Name: Juliana Domingo, CNA

Review ID: 1-511578-14

94-231 Kahuamo Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/29/2023

## 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 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 6/29/23).

## 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#3's APS/CAN lapsed on 9/16/22 and Ecrim lapsed on 8/18/22 and no current results were present. HHM#2 and HHM#3's APS/CAN/Fingerprinting lapsed on 10/1/22 and no current results were present.

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

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.(g)- No Basic Skills Checks present for CG#2 and CG#3 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 on Oral Medication Administration and Oxygen Use for CG#2 and CG#3 in Client #1's chart/record.

## Foster Family Home Physical Environment [11-800-49]

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

Comment:

49.(c)(3)- Client #2's window latches were broken; unable to open jalousies.

49.(c)(3)- CCFFH's lighting in the living room, kitchen, and client's bathroom were too dim.

# Foster Family Home - Deficiency Report

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.(b) Adverse events shall be reported
- 50.(b)(1) A verbal report to the case management agency responsible for the client shall be made within twenty-four hours of the occurrence; and
- 50.(c) The home shall inform the case management agency of any changes occurring in the client's behavior and functioning that may necessitate a change and update of the client's service plan. A verbal report shall be made to the case management agency serving the client within twenty-four hours of the occurrence of any of the following:

Comment:

50.(a)- CG#2 and CG#3 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.  
50.(b), (b)(1), (c)- Client #2 with a Right great toe wound/dressing- there was no Adverse Event present/completed in client chart/record.

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;

Comment:

54.(c)(2)- Client #1's Service Plan dated 6/9/23 without the Client/POA's signature.  
54.(c)(5)- Client #1's Medication Administration Record (MAR) with 6 daily scheduled medications that were last signed on 6/17/23. No signatures from 6/18/23- 6/29/23 (am).  
Client #2- there were 5 medications not available during CCFFH inspection/survey.  
54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet was last signed on 6/27/23.

Maribel Nakamine, Date 6/29/23  
Compliance Manager  
[Signature], Date 6/29/23  
Primary Care Giver