

Foster Family Home - Deficiency Report

Provider ID: 4-510869

Home Name: Luz Alonzo, CNA

Review ID: 4-510869-15

508 South Kamehameha
Avenue

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 7/6/2023

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 8/6/2023.

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), 8.(a)(2) - HHM #3 and #4 did not have evidence of background checks. (APS/CAN and Fingerprint)

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(3) Inform clients about their confidentiality practices;

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.

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

16.(c)(2) The use or disclosure is specifically permitted under applicable federal or state rules or regulations.

Comment:

16.(b)(3) - CCFFH did not evidence that client #1 had been informed of the confidentiality practices.

16.(b)(5) - HHM#3 and #4 did not have evidence of confidentiality training.

16.(c)(1), 16.(c)(2) - CCFFH did not have evidence of disclosure of information signed by the client/representative for client #1.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and
- 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)(7) - CG#6 did not have evidence of a current TB clearance on file. TB clearance expired in 5/2023.
- 41.(f)(1) - HHM#3, #4 and #5 did not have evidence of a current TB clearance or TB exclusion on file.
- 41.(g) - CCFFH did not have evidence that the basic skills check had been completed for CG #2, #3, #4, #5 or #6 for client #1.

Foster Family Home	Client Care and Services	[11-800-43]
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- 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) - CCFFH did not have evidence that RN delegations were provided for CG#2, #3, #4, #5, or #6 for client #1.
- 43.(c)(3) - CCFFH did not have evidence that RN delegations were provided for CG#6 for client #2

Foster Family Home	Grievance	[11-800-45]
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- 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;
- 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and
- 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

- 45.(1), 45.(2),45.(3)- CCFFH did not have evidence that the grievance policies and procedures were signed or provided to client #1 or his legal representative.

Foster Family Home	Insurance Requirements	[11-800-51]
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- 51.(a)(1) General;

Comment:

- 51.(a)(1) - CCFFH did not have evidence of general liability insurance for the CCFFH.

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Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a) - CCFFH did not have evidence that the client rights policies and procedures were signed or provided to client #1 or his legal representative.

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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)(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) - The CCFFH did not have evidence that the service plan was being reviewed every 6 months for client #2. The CCFFH was missing the service plan from August 2022.

54.(c)(6) - The CCFFH did not have evidence that an RN monthly visit was conducted in April 2023 for client #1 or client #2.



Compliance Manager



Primary Care Giver

7/6/23
Date

7/6/23
Date