

# Foster Family Home - Deficiency Report

Provider ID: 1-590746

Home Name: Milagros Domingo, CNA

Review ID: 1-590746-17

1900 Gulick Avenue

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 7/12/2023

## 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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 7.12.2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## 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) and 8(a)(2) - Fingerprint, APS, CAN missing for HHM# 4.

## 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 proof that training on confidentiality policies and procedures and client privacy rights was provided to HHM# 4.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG# 2 and CG#4 and HHM#4. CG#2 expired on 11/4/2021, CG#4 expired 1/4/2022, and HHM#4 is missing TB test.

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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 for CG# 1, 2, 3, and 4.

3 Person Fire Safety,  
Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)The CCFFH did not have evidence that fire drills had been conducted monthly. Missing March through June 2023, last drill was on 2/20/2023.

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. CG#3 did not receive training for EPP.

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.


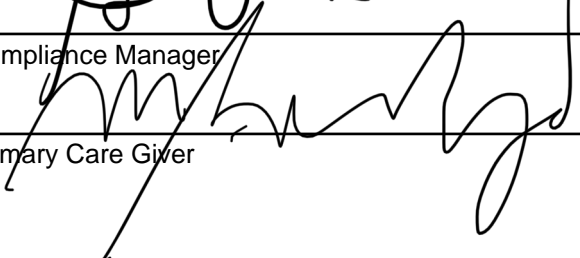
Comment:

54(c)(2) No current service plan present for Client# 1. Clients missing Service plans.

54(c)(5) No MAR present for July 2023 for Client#1, 2, 3. June 2023 is partially completed.

54(c)(6) No ADL flow sheet present for Client# 1.

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

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

7/12/2023  
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