

# Foster Family Home - Deficiency Report

Provider ID: 1-200030

Home Name: Wilfreda Molina, NA

Review ID: 1-200030-9

94-405 Kuahui Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 6/21/2023

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

Deficiency Report issued during CCFFH visit with plan of correction due to CTA within 30 days of inspection.

## 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;

Comment:

8.(a)(1) HHM 1 has no proof of any background checks

## 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)CG 4, HHM 1 has no proof of confidentiality training

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

41.(h) An unapproved caregiver was present on CTA arrival for inspection. She was changing a clients diaper. This is a repeat citation

41.(f)(1) No proof of current TB clearance is present for CG 2, or HHM 1 or 2 (a minor child)

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**Foster Family Home      Client Care and Services      [11-800-43]**

43.(c)(2)      Be based on care directions from the client to the maximum extent possible, with monitoring by the case management agency when the client is not capable of providing care directions;

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) CG 4 has no delegations for current clients. She was present at the time of inspection and providing care

43.(c)(2) client 1 has open wounds to right leg with a band aid covering. There is no proof of appropriate wound care or mitigation of leg scratches in the client record

**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.

Comment:

46.(a) No proof of fire drills since 11/2022

**Foster Family Home      Medication and Nutrition      [11-800-47]**

47.(d)(1)      By order of a physician;

Comment:

47.(d)(1) MD note for client 2 for daily blood glucose monitoring and liquid thickeners, no evidence either is being done

**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) no proof of emergency training for CG 4.

**Foster Family Home      Records      [11-800-54]**

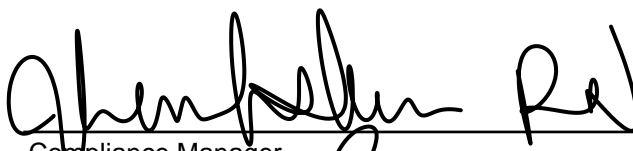
54.(c)(5)      Medication schedule checklist;

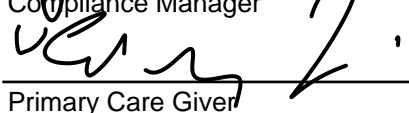
54.(c)(8)      Personal inventory.

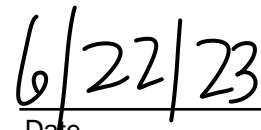
Comment:

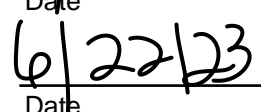
54.(c)(5) Client 1 and 2 CTA unable to complete medication reconciliation. CG 4 is currently the CG and does not have delegations to administer any medications. Client binders have outdated (previous hospice) orders CTA unable to determine accurate medication lists.

54.(c)(8) unable to locate personal inventory for client 1

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date