

# Foster Family Home - Deficiency Report

Provider ID: 1-220010

Home Name: Ardel Salacup, CNA

Review ID: 1-220010-3

94-1007 Hiapo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/16/2023

## 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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection.

## 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#2, CG#3, CG#4, and other adult household living behind a walled off unit were without the confidentiality policies and procedures and client privacy rights training.

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

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

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

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

41.(f)(2) Background checks

Comment:

41.(b)(4)- No Primary Caregiver Disclosure form completed/present by CG#1.

41.(b)(7)- CG#1's TB clearance dated 2/17/23 without an MD, APRN, or Physician's Assistant signature. CG#2's TB clearance lapsed on 5/25/23. CG#4's TB clearance lapsed on 5/14/23. Both were without a current TB clearance results present.

41.(f), (f)(1), (f)(2)- No TB clearances nor TB exemptions form completed and background checks results for the other household members living behind a walled off unit.

## Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#4 without evidence of having conducted a monthly fire drill for the CCFFH.

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

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications' side effects present in Client #1's chart/records.

**Foster Family Home      Quality Assurance      [11-800-50]**

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

50.(e)(2) Inspection of service sites;

Comment:

50.(e), (e)(2)- No doorbell/buzzer at the gate nor front door which inhibited the announcement of a visitor's arrival to the facility.

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

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)(6)- No monthly RN visit summary present in Client #1's chart/records for the month of June 2023.

Maribel Nakamine, RN      8/16/23  
Compliance Manager      Date  
Ashly Sharp      8/16/23  
Primary Care Giver      Date