

# Foster Family Home - Deficiency Report

Provider ID: 1-190089

Home Name: Erica Carla Nanao, CNA

Review ID: 1-190089-10

3835 Likini Street

Reviewer: Maribel Nakamine

Honolulu

HI 96818

Begin Date: 7/26/2023

## 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 7/26/23).

## 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#1's APS/CAN lapsed on 4/26/23 and no current result was present; Ecrim lapsed on 4/13/23 and was not renewed until 6/21/23.

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

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

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

Comment:

41.(b)(7)- CG#1's current TB clearance without the MD, APRN, or PA's signature. CG#2's TB clearance lapsed on 6/2/21 and no current result was present.

41.(b)(8)- CG#1 and CG#2's blood borne pathogen and infection control trainings lapsed on 6/4/23 and no current certificates were present.

41.(c)- CG#1 and CG#2 were without the required 12 hours of the annual in-services for the year 2023.

41.(f)(1)- HHM#2's TB clearance lapsed on 6/2/21 and no current result was present.

# Foster Family Home - Deficiency Report

## 3 Person Staffing

## 3 Person Staffing Requirements

## (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2)Staff- Compliance Manager was unable to verify the number of hours CG#2(NA) worked in a day/week. There was no information in the CCFFH's Sign Out/In sheet.

## Foster Family Home

## Grievance

## [11-800-45]

45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(3)- Grievance Policy was unsigned in Client #2's chart/record.

## 3 Person Fire Safety, Natural Disaster

## 3 Person Fire Safety

## (3P) Fire

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

Comment:

(3P) (b)(1) Fire- Last fire drill in CCFFH record was in January 2023. No monthly fire drill for the months of February 2023- June 2023.

## 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/record.

## 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:

Comment:

50.(e)- Front door did not have a form of communication which inhibited the announcement of a visitor's arrival to the facility.

## Foster Family Home

## Insurance Requirements

## [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1)- CCFFH General Liability Insurance policy expired on 12/31/21. No current policy statement was present.

# Foster Family Home - Deficiency Report

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #2 and Client #3 in a shared bedroom with a video surveillance equipment inside the bedroom. There were no consent forms present for use of video surveillance equipment. Use of video is a violation of client privacy without proper consent.

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 lapsed on 5/28/23; Client #2's lapsed on 7/31/22 and Client #3's Service Plan lapsed on 5/30/23. There were no current Service Plans present for each clients' record/charts.

54.(c)(5)- Client #1's Medication Administration Record (MAR) was not updated. There were 8 medications that were not written in the MAR.

Client #2- one medication was not written in the client's MAR.

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

Marikeel Makramine, RN 7/26/23  
Compliance Manager Date  
Erica Carla Namas 7/26/23  
Primary Care Giver Date