

Foster Family Home - Deficiency Report

Provider ID: 1-220086

Home Name: Jeanette Sibayan, CNA

Review ID: 1-220086-3

99-147 Kalaloea Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 7/24/2023

| Foster Family Home | Required Certificate | [11-800-6] |
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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 (issued on 7/24/23).

| Foster Family Home | Background Checks | [11-800-8] |
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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)- HHM#1 and HHM#2 without any result of APS/CAN/Fingerprint.

| Foster Family Home | Information Confidentiality | [11-800-16] |
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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 confidentiality policies and procedures and client privacy rights training present for HHM#1 and HHM#2.

| Foster Family Home | Personnel and Staffing | [11-800-41] |
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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) 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.(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.(c)- CG#1 was short of 6 hours of the required 12 hours of annual in-services for the year 2022.

41.(f), (f)(1)- No TB clearances results nor exemptions present for HHM#1 and HHM#2.

41.(g)- No basic skills check present for CG#2 in Client #1's chart/record.

Foster Family Home - Deficiency Report

| 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)- No RN delegations present for CG#2 in Client #1's chart/record.

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

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

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

47.(e)- No training present for CG#2 on Client #1's special feeding needs.

| Foster Family Home | Physical Environment | [11-800-49] |
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49.(e) The home shall have policies regarding smoking on the property that:

49.(e)(1) Prohibit smoking in enclosed living and recreational areas used by clients; and

49.(e)(2) Identify designated areas that may be used for purposes of smoking.

Comment:

49.(e), (1), (2) - CCFFH without a smoking policy present.

| Foster Family Home | Quality Assurance | [11-800-50] |
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50.(b) Adverse events shall be reported

50.(b)(1) A verbal report to the case management agency responsible for the client shall be made within twenty-four hours of the occurrence; and

50.(b)(2) A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).

Comment:

50.(a), (b)(1), (b)(2)- No adverse event completed/present in Client #1's chart/record for a missed daily scheduled medication.

| Foster Family Home | Client Rights | [11-800-53] |
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53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(15)- CCFFH without a visiting policy present.

Foster Family Home - Deficiency Report

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 without a Service Plan present (admitted to CCFFH since 3/15/23).

54.(c)(5)- Client #1's Medication Administration Record (MAR) was last signed on 7/19/23 (am). No signatures present from 7/19/23 (pm)- 7/24/23 (am). There were 4 scheduled medications that were not available during CCFFH survey. One daily scheduled medication lacked signatures of caregivers since client's admission to CCFFH (3/15/23).

54.(c)(6)- No RN monthly visit summary present in Client #1's chart for the months of April 2023 and May 2023.

Mabel Nakamura, RN 7/24/23
Compliance Manager Date
[Signature] 7/24/23
Primary Care Giver Date