

Foster Family Home - Deficiency Report

Provider ID: 1-563595

Home Name: Juliana Aguinaldo, CNA

Review ID: 1-563595-14

99-143 Kalaloa 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 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 7/24/23).

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;

Comment:

8.(a)(1)- CG#3's Ecrim result lapsed on 4/10/22 and was not done until 5/6/22.

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.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and
- 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) 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.(a)(3)- No Job Experience form completed/present for CG#5.
 41.(b)(7)- CG#4's TB clearance lapsed on 1/11/22 and no current clearance result was present.
 41.(b)(8)- CG#1, CG#2, CG#3, CG#4, and CG#5's blood borne pathogen and infection control training lapsed on 1/19/23 and no current certificates were present for all caregivers.
 41.(c)- CG#1, CG#2, CG#3, CG#4, and CG#5 without the required 12 hours of annual in-services for the year 2023.
 41.(f), (f)(1), (f)(2)- No TB clearance nor TB exemption form present for HHM#1 and no results of any background checks present for HHM#1.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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(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- No evidence that a 3-bed Sign Out/In was in use at the CCFFH. CG#1 out of CCFFH (on vacation) and there was not an entry present.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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- (3P)(b)(1) Fire shall be conducted monthly
- (3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P) (b)(1), (6) Fire- No monthly fire drill completed from August 2022 thru December 2022; also, for the months of May 2023 and June 2023. CG#5 without evidence of having conducted a monthly fire drill.

Foster Family Home	Medication and Nutrition	[11-800-47]
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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.(e)- CG#1, CG#2, CG#3, CG#4, and CG#5 without evidence of having been trained with Client #3's prescribed diet of pureed and nectar thickened liquids.

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

Comment:

50.(b)- No Adverse Event form completed/present for Client #1's current diet discrepancies (MD ordered pureed); client being fed a regular diet consistency.

Foster Family Home	Fiscal Requirements	[11-800-52]
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52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b)- No fiscal record present for 2022 and 2023.

Foster Family Home	Client Rights	[11-800-53]
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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)- There was a video camera in Client #1's bedroom. There was no consent form present for use of video surveillance equipment. Use of video surveillance equipment is a violation of client privacy without proper consent.

Foster Family Home	Records	[11-800-54]
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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 dated 2/14/23 without the client/POA's signature and Client #2's Service Plan dated 5/12/23 without the client/POA's signature.

54.(c)(5)- Client #1's Medication Administration Record (MAR) was last signed on 7/19/23; no caregivers signature from 7/20-7/24/23 (am). One medication was not available during CCFFH survey.

Client #2's MAR was last signed on 7/12/23; no caregivers signatures from 7/13/23-7/24/23 (am). One medication's label did not match the MAR. One eye medication scheduled daily was not available since 7/12/23.

Client #3- MAR was last signed on 7/12/23; no caregivers signatures present from 7/13/23-7/24/23 (am). There were 3 medications that were not available during CCFFH survey.

54.(c)(6)- Client #1's MD order (dated 7/6/23) and Service Plan for pureed diet were not followed. Per CG#3, the client was being fed regular diet consistency.

Maribel Nakamine, RN
Compliance Manager

7/24/23
Date

[Signature]
Primary Care Giver
for Juliana Domingo

7/24/23
Date