

# Foster Family Home - Deficiency Report

Provider ID: 1-170078

Home Name: Richard Lindenmuth Jr., CNA

Review ID: 1-170078-11

1134 Iomea Place

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 8/9/2023

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 8/9/23).

Client #1's 1147 form lapsed on 12/18/22 and no current 1147 present in client's chart.

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)- CG#4's APS/CAN/Fingerprint lapsed on 2/7/22 and was not done until 6/28/22.

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

Comment:

41.(b)(7)- CG#3's TB clearance lapsed on 7/1/23 and no current result was present.

41.(b)(8)- CG#2's CPR and Basic First Aid training lapsed on 5/3/23 and no current certificate was present.

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- CCFFH's Sign In/Out Sheet without an entry for today as CG#1 was not present in the CCFFH at the beginning of the survey. CG#3(NA) was substituting in the CCFFH. CTA Compliance Manager was unable to verify the number of hours CG#3(NA) worked in a day or week.

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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 8/23/21 and no current service plan was present in client's chart/records.  
54.(c)(5)- Client #1 and Client #2 without the current (August 2023) Medication Administration Records for each. CTA Compliance Manager was unable to verify the clients' medications.  
54.(c)(6)- No ADLs/Daily Care Flowsheet present for the months of June 2023, July 2023, and August 2023 for Client #1.  
54.(c)(6)- No RN visit summaries present for the months of February 2023, March 2023, April 2023, and June 2023 in Client #1's chart/records.

Maribel Nararive, RN      8/9/23  
Compliance Manager      Date

[Signature]      8/9/23  
Primary Care Giver      Date