

Foster Family Home - Deficiency Report

Provider ID: 1-510223

Home Name: Teresa Mateo, CNA

Review ID: 1-510223-15

1522 Gulick Avenue

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 8/10/2023

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 8/10/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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.and 8.a.2. CG #2 and CG#4 did not meet the 2 sets of APS, CAN, Fingerprints requirements within a 12 months period.

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

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

Comment:

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG# 4. It was due on/before 7/1/2023.

CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG# 1, #3, and #4. It was due on/before 8/6/2023.

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

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

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

Comment:

46.(a) - Last fire drill present in record was documented on 9/8/2022. No fire drill documentation present for October 2022 through July 2023.

46.(b)(2)- CG #3, CG#4, and CG#5 did not have evidence of conducting a monthly fire drill within the past 12 months.

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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;
- 54.(c)(8) Personal inventory.

Comment:

54(c)(2) No current signature by client/POA for service plan present for Client#1. No current service plan, Last one in record is dated 8/17/2022.

54(c)(5) MAR sheet for Client#1 and Client#2 was not documented daily. Sheet not completed from 8/5/2023 to 8/9/2023.

54(c)(6) ADL / vitals flowsheet for Client #1 and Client#2 was not documented daily. Sheet not completed from 8/5/2023 to 8/9/2023.

54(c)(8) Client# 1 did not have evidence that a personal inventory log has been initiated and/or maintained.

Compliance Manager

Primary Care Giver

Date

Date