

Foster Family Home - Deficiency Report

Provider ID: 1-210015

Home Name: Editha Domaol, CNA

Review ID: 1-210015-7

1429 Kamehameha IV Road

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 10/17/2023

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 10/17/23).

6.d.1- No 1147 present in Client #1's chart/records.

Foster Family Home Information Confidentiality [11-800-16]

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 CG#2, CG#3, and HHM#1.

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

41.(a)(1) Reside in the community care foster family home;

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(5)(A) When the caregiver does not have a valid driver's license, does not have access to an insured vehicle, or both, a written alternative transportation plan shall be submitted to the department for approval;

41.(b)(5)(B) The transportation plan may include but is not limited to the use of a handivan, taxi, or a substitute driver;

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.(a)(1)- No written authorization from landlord for CG#1 to operate a CCFFH in property.

41.(b)(4)- CG#3 without a [REDACTED] Caregiver Disclosure form completed/present.

41.(b)(5)(A), (B)- No Alternate Transportation Plan completed/present.

41.(b)(8)- CG#1 and CG#2's blood borne certifications lapsed on 9/1/23 and no current certificates were present.

41.(c)- CG#1 was short of 5 hours of the required 12 hours of the annual in-services for the year 2022; CG#2 without the required 8 hours of annual in-service for the year 2022.

41.(f)(1)- HHM#1's TB clearance lapsed on 4/1/23 and no current result was present.

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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), (b)(2)- No nighttime monthly fire drill present. CG#2 without evidence of having conducted a monthly fire drill for the past 12 months.

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Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

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:

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

50.(e)(2) Inspection of service sites;

Comment:

50.(a)- CG#2 and CG#3 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

50.(e), (1), (2)- CCFFH with a gate outside restricting access to the front door that did not have a form of communication which inhibited the announcement of a visitor's arrival to the facility.

The CCFFH binder/chart was in disarray inhibiting the compliance manager's effective review.

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Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- No current automobile policy coverage statement was present.

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Records

[11-800-54]

- 54.(a)(1) Emergency procedures and an evacuation map;
- 54.(a)(3) A list of applicable community resources.
- 54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 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.(a)(1)- CCFFH without an Emergency/Evacuation map.
54.(a)(3)- No list of community resources present.
54.(b)- No caregiver's signature present after each dated entries in Client #1's progress/observation notes.
54.(c)(2)- Client #1's Service Plan dated 7/29/23 without the POA's/Client's signature.
54.(c)(6)- No monthly RN Visit Summary for the following months: April 2023, May 2023, June 2023, and July 2023 in Client #1's chart/records.

Marikeel Nakamine, RN 10/17/23
Compliance Manager Date

[Signature] 10/17/23
Primary Care Giver Date