

Foster Family Home - Deficiency Report

Provider ID: 4-150020

Home Name: Judith De Los Trino, CNA

Review ID: 4-150020-15

760 Olena Street

Reviewer: Terri Van Houten

Wailuku

HI 96793

Begin Date: 10/10/2023

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/10/2023.

6.(d)(1) - CCFFH did not have evidence that a form 1147 had been completed for client #1 and client #2 within the last 12 months.

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) - CG#1 and HHM#1 did not have evidence of a current eCrim on file. CG#1's eCrim expired 6/9/22 and HHM#1's expired 9/21/22.

8.(a)(2) - CG#1 and HHM#1 did not have evidence of a current APS/CAN on file. CG#1's APS/CAN expired 6/24/22 and HHM#1's expired 7/22/23.

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

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)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(a)(3) - CG#3 did not have evidence of 1 year of work experience in a home setting in the admin file.

41.(b)(5) - CG#3 did not have evidence of a state ID/state Driver's license on file.

41.(b)(7) - CG#1 did not have evidence of a current TB clearance on file. Results on file expired 10/27/22.

41.(b)(8) - CG#3 did not have evidence of a current CPR/First Aid training certificate on file.

41.(f)(1) - HHM#1, #2 and #3 did not have evidence of a current TB clearance/TB exclusion on file.

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3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(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 - 3 client sign out records were missing signatures of the CG who was covering on three separate dates.

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Client Care and Services

[11-800-43]

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) - CCFFH did not have evidence that all tasks had been delegated by an RN to each CG. Client #1 - RN delegations were incomplete; missing delegation for thickened liquids. Client #2 - CG#3 had not signed the RN delegations.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire - CCFFH did not have evidence that a fire drill was being conducted monthly for the last 12 months. CCFFH did not have records that a fire drill was conducted in October 2022.

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Medication and Nutrition

[11-800-47]

47.(d)(1) By order of a physician;

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.(d)(1) - CCFFH did not have evidence of a physician's order for restraints for client #1.

47.(e) - CCFFH did not have documentation of training for special dietary needs. Client #1 had an order for thickened liquids-nectar thick.

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Records

[11-800-54]

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)(5) - Client #1's MAR was incomplete. Last documentation was form 10/9/23. MARs did not include a CG signature on any of the pages.

54.(c)(5) - Client #2's MAR was incomplete. Last documentation was from 10/8/23.


54.(c)(6) - Client #1's ADL flow sheet was incomplete. Last documentation was from 10/5/23 and noted missing documentation over the last 12 months.

54.(c)(6) - RN monthly visit note from June 2023 was missing for client #1.

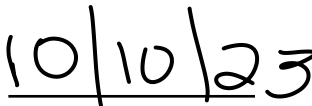
54.(c)(8) - CCFFH did not have evidence that a personal inventory list had been completed for client #1.



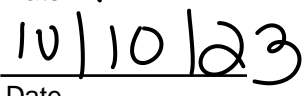
Compliance Manager



Primary Care Giver



Date



Date