

Foster Family Home - Deficiency Report

Provider ID: 1-230005

Home Name: Kevin Jay Tagala, CNA

Review ID: 1-230005-4

98-351 Ponokiwila Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 10/4/2023

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due 30 days from inspection (inspection date: 10/04/2023).

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),(2): No evidence provided by CCFFH with current fingerprint within 1 year of initial fingerprinting for CG#2 and CG#3. CG#2 only has evidence of one set fingerprint dated 3/28/2022. CG#3 only has evidence of one set fingerprint dated on 8/30/2022.

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 evidence of CCFFH providing confidentiality training for CG#2, CG#3, CG#4, and CG#5. No evidence of signatures from CGs on confidentiality training form provided by CCFFH.

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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)(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.(a)(1): No evidence provided by CCFFH of written authority from landlord of allowing tenant to operate CCFFH.

41.(b)(4): No evidence provided by CCFFH of signed disclosure form from CG#3.

41.(b)(7): No evidence provided by CCFFH of current valid TB clearance for CG#2. Last valid TB clearance provided by CCFFH was dated on 5/04/2022.

41.(b)(7): No evidence provided by CCFFH of current valid TB clearance for CG#3. Last valid TB clearance provided by CCFFH was dated on 09/12/2022.

41.(b)(7): No evidence provided by CCFFH of current valid TB clearance for CG#4. Document dated on 4/4/2022 provided was not signed by APRN/MD/PA.

41.(b)(7): No evidence provided by CCFFH of current TB clearance for CG#5. No documentation was provided by CCFFH.

41.(b)(8): No evidence provided by CCFFH of current first aid/CPR training for CG#3. First aid/CPR card provided by CCFFH expired on 04/2023.

41.(b)(8): No evidence provided by CCFFH of current CPR training for CG#4. CPR expired 9/2023.

41.(b)(8): No evidence provided by CCFFH of current first aid/CPR training for CG#5. No documentation was provided by CCFFH of any first aid/CPR training.

41.(b)(8): No evidence provided by CCFFH of current bloodborne pathogen/infection control training by CG#5. No evidence of documentation provided by CCFFH.

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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.

Comment:

46. (a): No evidence provided by CCFFH of monthly fire drills conducted by CCFFH. CG#2, CG#3, CG#4 did not conduct monthly fire drills. CCFFH only provided 2 months of fire drills.

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Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c): No evidence provided by CCFFH of list of medication side effects for client #1.

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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:

Comment:

50(a): No evidence provided by CCFFH of signed emergency preparedness plan. by CG#1, CG#2, CG#3, CG#4, and CG#5

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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)(3) Current copies of the client's physician's orders;

54.(c)(4) Client's emergency management procedures;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2): No evidence provided by CCFFH of client #1 signature of current service plan.

54.(c)(3): No evidence provided by CCFFH of MD orders for client #1 and client #2. No documentation provided by CCFFH.

54.(c)(4): No evidence by CCFFH of emergency procedures of client #1.

54.(c)(5): No evidence of current MAR for client #2. No evidence of documentation of medication administration.


Compliance Manager Date 10/4/23


Primary Care Giver Date 10/4/23