

Foster Family Home - Deficiency Report

Provider ID: 1-220002

Home Name: Maggie Margaret Marquez,
CNA

Review ID: 1-220002-5

1860 Kamehameha IV Road

Reviewer: Terri Van Houten

Honolulu HI 96819

Begin Date: 9/27/2023

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 to CTA by 10/27/2023.

6.(d)(1)- No evidence of completed 1147 form for client #2 was on file.

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#2 did not have second set of fingerprints completed. HHM#5 did not have current fingerprint on file. Last fingerprint result from 11/22/22.

8.(a)(1) Lapse in fingerprint for HHM #2 and #3. Fingerprint was due 11/19/22 but results on file from 1/2023.

8.(a)(2) Lapse in APS and CAN for HHM #2 and #3. APS and CAN was due 11/19/22 but results on file from 1/2023.

8.(a)(2) Missing APS and CAN result for HHM#5. Last APS and CAN expired 11/22/2022.

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): CCFFH did not have evidence of confidentiality provided for HHM #1, #5, and CG#2.

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Personnel and Staffing

[11-800-41]

- 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.(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.

Comment:

41.(b)(5): No documentation of vehicle insurance from 1/2023 to 5/2023.

41.(b)(7): No evidence of current TB screening for CG#3.

41.(c): No evidence of 12 hours of training from CG#1.

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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)(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:

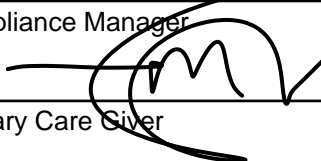
54.(c)(2): No evidence in service plan for Client #1 of foley catheter care.

54.(c)(5): Evidence of missing medication administration documentation within the last 12 months.

54.(c)(6): No evidence of RN visitation monthly in the past 12 months. Missing documentation of RN visitation in 11/2022.



Compliance Manager



Primary Care Giver

9/27/23

Date

Date

9 | 27 | 23