

Foster Family Home - Deficiency Report

Provider ID: 1-512451

Home Name: Nikk Rumbaoa, CNA

Review ID: 1-512451-14

91-1511 Maipuhi Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 10/26/2023

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

Client #3 have form 1147 end date of 7/6/2020. No current 1147 form on file.

Deficiency Report issued during CCFFH inspection via email on 10/26/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(a)(2) APS/CAN checks were overdue/lapsed for CG#1, CG#2, and CG#3 (HHM#1). APS/CAN checks was due on or before 2/1/2023, and is not present in the CCFFH file.

8(c) State Name Check (eCrim) was overdue for CG#1, CG#2, and CG#3 (HHM#1). State Name Check (eCrim) was due on or before 1/9/2023 and is not present in the CCFFH file.

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Personnel and Staffing

[11-800-41]

- 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.(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)(7) CCFFH did not have evidence of current TB clearance or test for CG# 1, CG#2, and CG#3 (HHM#1).

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid/Bloodborne Pathogen/Infection control training for CG# 1, CG#2, CG#3.

CG# 2 CPR/1st aid expires 2/1/2022 and no renewal in file.

CG#1, CG#2, and CG#3 has expired bloodborne pathogen on 1/15/2023. No renewal on files.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#2 and CG#3. CG#2 and CG#3 requires 12 hours of in-service training, but had only 4 hours attended in 2022.

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) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours for CGs.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

- (3P)(b)(1) Fire shall be conducted monthly
- (3P)(b)(2) Fire shall be held at different times of the day, evening, and night
- (3P)(b)(4) Fire shall include testing of smoke detectors
- (3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year. CG#2 and CG#3 did not conduct a fire drill in the past 12 months. CCFFH is missing fire drills on 10/2022; and 12/2022 through 9/2023.

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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) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. CG#1, CG#2, and CG#3 did not receive the training and did not sign the acknowledgement form of the EPP.

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;

Comment:

54(c)(2) No current signature from clients/POA for service plan present for Client# 1 and #2.


54(c)(5) MAR was documented partially for Clients #1, #2, and #3. Last entry was 10/17/2023.


54(c)(6) No ADL flow sheet present for Client# 1 from 5/2023 through 10/2023 and ADL flowsheet was not documented daily for 4/2023. Sheet not completed from 4/18/2023 to 4/30/2023.

No ADL flow sheet present for Client# 2 from 9/2023 through 10/2023.

No ADL flow sheet present for Client# 3 from 6/2023 through 10/2023 and ADL flowsheet was not documented daily for 5/2023. Sheet not completed from 5/18/2023 to 5/30/2023.

ADL flowsheet did not have client identifier printed or written.



Compliance Manager


Primary Care Giver

10/26/2023

Date
10/26/2023

Date