

# Foster Family Home - Deficiency Report

Provider ID: 1-210085

Home Name: Pauline Claire Ann Sumagit,  
CNA

1423 Noelani Street

Pearl City

HI

96782

Review ID: 1-210085-6

Reviewer: Ryan Nakamua

Begin Date: 10/23/2023

## 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 to 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/23/2023.

PCG requests to increase from 2 bed to 3 bed.

## 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;

Comment:

8.(a)(1): Evidence presented by CCFFH of lapse of initial 2 sets of fingerprints for CG#1, CG#2, CG#3, and CG#4. fingerprint documents dated for CG#1 from 10/27/2022 and 11/28/2023. Fingerprint documents dated for CG#2 and CG#4 from 09/07/2023 and 10/11/2023. Fingerprint documents dated for CG#3 from 09/12/2022 and 10/11/2023.

## 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)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

Comment:

41.(a)(3): No documents provided of documentation that CG#3 and CG#4 have required work experience for 3 bed SCG.

41.(b)(7): Evidence provided by CCFFH of lapse of TB clearance for CG#4. Documents provided by CCFFH of TB clearances from 09/12/2022 and 10/5/2023.

41.(f)(1): No evidence by CCFFH of TB clearance preceding 9/20/2023 for minor. PCG states that minor has been living in CCFFH.

## 3 Person Staffing

## 3 Person Staffing Requirements

(3P) Staff

(3P)(b)(4) Staff To maintain your three person certificate all of your caregivers must meet the requirements of an SCG working more than 3 hours in the home even if you only have one client.

Comment:

(3P)(b)(4) Staff: No documents provided by CCFFH of SCG approval letters for 3 bed CCFFH for CG#2, CG#3, CG#4. Documents provided by CCFFH show approval to be SCG for 2 bed CCFFH.

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## Foster Family Home

## 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): No evidence presented from CCFFH of RN delegations for CG#2 for client #1 and client #2.

## 3 Person Physical Environment

## 3 Person Physical Environment

(3P) Env.

(3P)(a)(1) Env. The two clients must consent to share the room

(3P)(a)(3) Env. the room must be at least 140 square feet

Comment:

(3P)(a)(1) Env.: No evidence by CCFFH that client #2 agree to be in shared bedroom if CCFFH becomes 3-bed CCFFH. Documents presented by CCFFH that client agreed "wish to have my own room."

(3P)(a)(3) Env.: Proposed shared room is less than 140 square feet.

## Foster Family Home

## Quality Assurance

[11-800-50]

50.(b) Adverse events shall be reported

50.(b)(1) A verbal report to the case management agency responsible for the client shall be made within twenty-four hours of the occurrence; and

50.(b)(2) A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).

Comment:

50.(b) (1)(2): No evidence by CCFFH of verbally or written reporting adverse event to CMA for client#1's hospitalization in 9/2023.

## 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;

Comment:

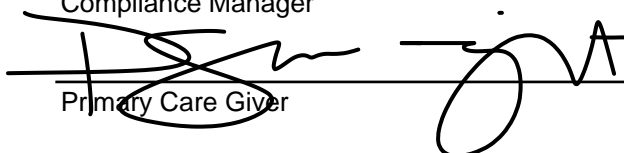
54.(c)(2): No evidence presented by CCFFH for client #1 that patient's palliative care is addressed in current service plan.

54.(c)(2): No evidence by CCFFH of client/POA signing 11/22 service plan for client #2.

54.(c)(5): Discrepancy found in client #2's MAR. Medication orders note medication to be given twice a day but in MAR it is documented to be given routinely at bed time and PRN twice a day.



Compliance Manager



Primary Care Giver

10/23/23  
Date  
10/23/23  
Date

10/23/2023 12:17:49 PM