

Foster Family Home - Deficiency Report

Provider ID: 1-210017

Home Name: Rengeline Galera, NA

Review ID: 1-210017-9

1333 A Kaweloka Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 10/19/2023

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 visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 10/19/23).

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)- CG#1's Ecrim lapsed on 9/30/23 and no current result was present. CG#2's APS/CAN/Fingerprint result lapsed on 12/10/21 and was not renewed until 2/23/23. CG#3's APS/CAN/Fingerprint result lapsed on 6/2/23 and no current result was present.

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 confidentiality policies and procedures and client privacy rights training present for CG#2, CG#3, CG#4, and CG#5.

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Personnel and Staffing

[11-800-41]

- 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.
- 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.
- 41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

- 41.(b)(4)- CG#2 and CG#6 were without the [REDACTED] Caregiver Disclosure form completed/present.
- 41.(b)(7)- CG#1's TB clearance dated 4/15/23 without an MD, APRN, or Physician's Assistant signature. CG#2's TB clearance lapsed on 12/2/21 and was not done until 3/3/23. CG#3's TB clearance lapsed on 6/16/23 and no current clearance was present.
- 41.(b)(8)- CG#1's basic first aid training lapsed on 9/5/22 and no current certificate was present. CG#2's CPR/basic first aid training lapsed on 4/2/23 and was not renewed until 10/1/23. CG#4 without any CPR/basic first aid training and blood borne pathogen certifications.
- 41.(c)- CG#4 without any hours of the required 8 hours of the annual in-services for the year 2022.
- 41.(g)- No basic skills checklist completed by CG#6 for Client #1.

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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)- No RN delegations present for CG#6 in Client #1 and Client #2's charts/records.

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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.
- 46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

- 46.(a),(b)(2) - No time variations for each monthly fire drill conducted for the past 12 months. CG#2, CG#3, CG#4, CG#5, and CG#6 were without evidence of having conducted a monthly fire drill for the past 12 months.

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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 list of medications' side effects were present in Client #1's chart/records.

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Foster Family Home Physical Environment [11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4)- Emergency exits doors (near clients' bedrooms and exit door near the kitchen) pathway were obstructed with household items such as a portable stove, plants, automobile tools, etc. Wheelchair or walker would not be able to pass through safely in the event of an emergency or evacuation.

Foster Family Home 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)- CCFFH without an Emergency Preparedness Plan. CG#2, CG#3, CG#4, CG#5, and CG#6 without evidence of having been trained.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1)- CCFFH's General Liability Insurance policy lapsed on 1/1/23 and no current policy statement was present.

Foster Family Home Records [11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

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

Comment:

54.(b)- No caregiver's signature present for each dated entries/documentation in progress notes from 8/1/23- 10/4/23.

54.(c)(5)- Medication discrepancies were noted for Client #1 and Client #2.

Client #1- One scheduled medication did not contain the route, dosage, and frequency in the client's Medication Administration Record(MAR). Two scheduled medications were not written in the client's MAR.

Client #2- three as needed medications were not written in the client's MAR.

Maikel Nakamine, RD 10/19/23
Compliance Manager Date

[Signature] 10/19/23
Primary Care Giver Date