

Foster Family Home - Deficiency Report

Provider ID: 4-160003

Home Name: Rosallie Skinner, CNA

Review ID: 4-160003-13

53-412 Koolau Road

Reviewer: Ryan Nakamua

Hauula HI 96717

Begin Date: 10/25/2023

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/25/2023.

6.(d)(1): No evidence by CCFFH of providing current 1147 document for client #2 and client #3. No documentation produced by CCFFH.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1): No evidence provided by CCFFH of 2 set of fingerprints for HHM#1 and HHM#2. Documentation provided by CCFFH show 1 set of fingerprints for both HHM that was past 12 months ago.

Foster Family Home	Information Confidentiality	[11-800-16]
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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 provided by CCFFH of documentation showing that HHM#1 have received confidentiality training.

Foster Family Home	Personnel and Staffing	[11-800-41]
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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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7): No evidence presented by CCFFH of current valid TB clearance for CG#2. No documentation presented by CCFFH of TB clearance within past 12 months.

41.(b)(8): No evidence by CCFFH of current CPR/AED and First Aid training completed for CG#2. No documentation of CPR/AED/First Aid card that is not expired.

41.(f)(1): No evidence presented by CCFFH of current TB clearance for HHM#1 and HHM#2. No documentation presented of TB clearance in the past 12 months.

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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) Staff: No evidence presented by CCFFH of caregiver sign out sheet.

Foster Family Home

Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

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.(a)(1): Evacuation map provided by CCFFH shows one of two paths that has stairs and no ramp accessibility to meeting site.

54.(c)(2): No evidence provided by CCFFH of client #3's foley catheter being addressed in service plan.

54.(c)(5): Evidence provided by CCFFH showing discrepancies of medication administration for client#1. Documents provided by CCFFH show that patient was administered medications at CCFFH in MAR while hospitalized from 6/5/2023 to 6/8/2023.

54.(c)(5): No evidence provided by CCFFH showing no documentation of medications being administered to client #1, client #2, client #3 from 10/04/2023 to day of inspection (10/25/2023).

54.(c)(6): Evidence provided by CCFFH of daily care performed by CCFFH while client #1 was hospitalized in 2/2023.



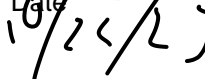
Compliance Manager



Primary Care Giver



Date



Date