

Foster Family Home - Deficiency Report

Provider ID: 1-512633

Home Name: Shirley Gapuz, NA

Review ID: 1-512633-16

91-1178 Kuano'o Street

Reviewer: Po Lim

Ewa Beach HI 96706

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 visit made for a 2 bed re-certification inspection.

Client#1 is missing form 1147.

Deficiency Report issued during CCFFH inspection via email on 10/25/2023 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

Comment:

8(a)(2) APS/CAN checks were overdue for CG# 1 and CG#2 (HHM# 1).
APS/CAN was due on or before 2/9/2023 and are not present in the CCFFH file.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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- 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)(5)(C)(i) Have a valid driver's license;

- 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.4 Disclosure form is not up to date with current information for CG# 1. CG#2 is missing disclosure form.

41.b.5.c.i. CG# 1 and CG#2 have expired ID/License on file.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG# 1 and CG#2 (HHM#1). CG#1 and CG#2 (HHM#1) TB clearance were due on/before 2/18/2022 and no renewal.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid/Bloodborne Pathogen/Infection control training for CG# 1 and CG#2 (HHM#1). CG#1 and CG#2 (HHM#1) CPR/1st aid expires 11/8/2022 and no renewal on file. Cg#1 and CG#2 (HHM#1) bloodborne pathogen expires 11/8/2021 and no renewal on file.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG# 1 and CG#2.

CG# 1 requires 12 hours of in-service training, but had zero hours attended in 2022.

No annual in-service training hours for CG#2 for 2022 present in record. CG# 2 was required to have 8 hours in 2022.

Foster Family Home	Fire Safety	[11-800-46]
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- 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) - Last fire drill present in record was documented on 12/15/2018. No fire drill documentation present for January 2019 through present day.

46.(b)(2)- CG#1 and CG#2 did not have evidence of conducting a monthly fire drill within the past 12 months.

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Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence a current liability insurance policy. Policy expired 12/31/2022.

Foster Family Home

Fiscal Requirements

[11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b) - No fiscal records present for 2023.

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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 current service plan present for Client# 1. Last one in record is dated 02/28/2023.

54(c)(5) No MAR present for October 2023, partial entry for September 2023 for Client# 1.

54(c)(6) No ADL flow sheet present for Client# 1 for September and October 2023. ADL flowsheet was not documented daily in August ,8, 2023. Sheet not completed from 8/8/2023 through 10/24/2023.

Compliance Manager

Primary Care Giver

Date

Date

10/25/2023

10/28/2023