

# Foster Family Home - Deficiency Report

**Provider ID:** 1-190101

**Home Name:** Steven A. Tomas, CNA

**Review ID:** 1-190101-10

1785 Koikoi Street

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 9/26/2023

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection.

PCG requests to increase from a 2-client to a 3-client 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;

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#2 and CG#3's APS/CAN/Fingerprint results were more than 6 months as CG#1 applied during inspection to increase from a 2-bed to a 3-bed CCFFH.

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.(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)(7)- CG#2's TB clearance lapsed on 3/18/23 and was not done until 7/27/23. CG#3's TB clearance lapsed on 7/15/23 and no current clearance was present. HHM#1's TB clearance lapsed on 11/23/22 and no current clearance was present.

41.(g)- No basic skills completed by CG#3 in Client #1's chart/records.

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), (b)(2)- Last fire drill completed was on 11/1/22. No monthly fire drill from December 2022- August 2023. CG#2 and CG#3 did not conduct a monthly fire drill for the past 12 months.

# Foster Family Home - Deficiency Report

## Foster Family Home

## 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 present for Client #1.

## 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)- Dining area with 2 large steps- wheelchair/walker would not be able to access.

## 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)(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.(b)- No progress/observation notes/documentations by CG#1/caregivers for Client #1 since admitted to CCFFH.

54.(c)(2)- Service Plan and actual care of Client #2's ADLs were not followed and no documentation of client's refusal.

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

Client #1- there were 2 medications in client's Medication Administration Record(MAR) that were last signed on 9/13/23; no signatures from 9/14/23- 9/26/23 am. One medication was last signed in the MAR on 9/18/23; not signed from 9/19/23- 9/26/23 am.

Client #2- there were nine medications that were missing the medications' route and frequency; one medication did not contain the route, frequency, and dosage in the client's MAR. Two medications were not written in the client's MAR.

Maribel Nakamine, RN  
Compliance Manager

Steve J. Jones  
Primary Care Giver

9/26/23  
Date

9/26/23  
Date