

Foster Family Home - Deficiency Report

Provider ID: 1-190018

Home Name: Lorena Laforga, CNA

Review ID: 1-190018-10

91-1118 Kuhina Street

Reviewer: Ryan Nakamua

Ewa Beach HI 96706

Begin Date: 11/14/2023

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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days after inspection (inspection date: 11/14/2023).

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): No evidence by CCFFH of current clearance of ecrim for CG#7. Document provided by CCFFH of ecrim dated 12/2019 and showed charges dating 2017. No exemption was provided by CCFFH.

8.(a)(2): No evidence by CCFFH of current clearance of APS/CAN for CG#7. Document provided by CCFFH of clearance dated 2020.

Foster Family Home 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.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

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): No evidence by CCFFH of disclosure form completed by CG#7. No documentation was provided.

41.(e): No evidence of SCG approval for 3 bed CCFFH for CG#7. CG#7 approved for <3 hours only per CTA.

41.(g): No evidence by CCFFH of CG#7 received basic caregiver skills checks by case management agencies of client #1, #2, and #3. No documentation provided by CCFFH.

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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 evidence by CCFFH of CG#7 receiving RN delegations from case management agencies of client #1, #2, and #3. No documentation provided by CCFFH.

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Medication and Nutrition

[11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No evidence by CCFFH of MD order for side bed rails for client #1. No documentation provided by CCFFH.

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Records

[11-800-54]

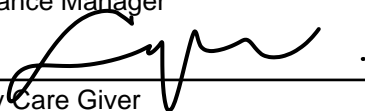
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5): Evidence of medication dosage discrepancy from MAR compared to medication being given for client #2.



Compliance Manager



Primary Care Giver

11/14/23
Date

11/14/23
Date