

Foster Family Home - Deficiency Report

Provider ID: 1-560393

Home Name: Madeline Sagun, RN

Review ID: 1-560393-16

91-323 Hoalauna Place

Reviewer: Ryan Nakamua

Ewa Beach HI 96706

Begin Date: 11/9/2023

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days after inspection (inspection date: 11/9/2023).

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;

Comment:

8.(a)(1): No evidence by CCFFH of 2 set of fingerprints for HHM#2. Documents presented by CCFFH only show 1 set of fingerprints dated 4/2022.

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 evidence by CCFFH of confidentiality training for HHM#2 and HHM#3. No documentation presented by CCFFH.

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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.(f)(1) Tuberculosis clearances that meet department of health 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): Evidence of lapse of TB clearance for CG#4 dating 3/14/2023 to 4/20/2023.
- 41.(f)(1): No evidence by CCFFH of TB clearance prior to 6/2023 for HHM#2. No documentation provided by CCFFH.
- 41.(g): No basic caregiver skills checked by case management agency for CG#3 for client #1. No documentation presented by CCFFH.

Foster Family Home	Client Care and Services	[11-800-43]
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- 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 RN delegations were delegated for CG#3 for client #1. No documentation presented by CCFFH.

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.

Comment:

- 46.(A) No evidence by CCFFH of fire drills conducted monthly in the past year. No documentation of fire drills conducted in 09/2023 and 10/2023.

Foster Family Home	Medication and Nutrition	[11-800-47]
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- 47.(d) Use of physical or chemical restraints shall be:

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

Comment:

- 47.(d): No evidence by CCFFH of MD order for bed side rails to be up for client #1. No documents provided by CCCFFH.

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Foster Family Home

Records

[11-800-54]


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

54.(c)(8) Personal inventory.

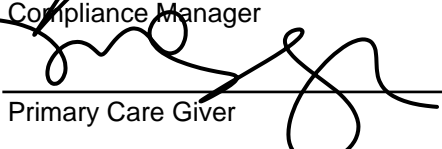
Comment:

54.(a)(1): No evidence by CCFFH of an evacuation map of the home.

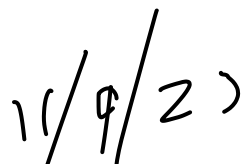
54.(c)(8): No evidence by CCFFH of personal inventory documented for client #1.



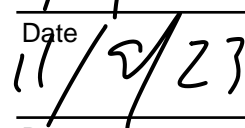
Compliance Manager



Primary Care Giver



Date



Date