

# Foster Family Home - Deficiency Report

Provider ID: 1-576225

Home Name: Marylou Gorospe, CNA

Review ID: 1-576225-20

91-711 Pohakupuna Road

Reviewer: Ryan Nakamua

Ewa Beach HI 96706

Begin Date: 11/8/2023

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 within 30 days after inspection date (inspection date: 11/08/2023).

6.(d)(1): No evidence by CCFFH of completed 1147 form for client #1 and client #2. No documentation provided by CCFFH.

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): Evidence by CCFFH of lapse in APS/CAN clearance for CG#2 and CG#3. Documents show lapse from 01/01/2020 to 02/27/2023 for CG#2 and 01/01/20 to 03/08/23 for CG#4.

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)(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.

Comment:

41.(b)(4): No evidence by CCFFH of signed disclosure form by CG#3. No documentation provided by CCFFH.

41.(b)(7): No evidence by CCFFH of current TB clearance for CG#2 and CG#3. No documentation provided by CCFFH.

41.(b)(8): Evidence by CCFFH of lapse for first aide/CPR for CG#4. No documentation provided by CCFFH of training completed prior to 12/22.

41.(b)(8): No evidence provided by CCFFH of bloodborne pathogen and infection control training completed in 2022 for CG#2, CG#3, and CG#4. No documentation provided by CCFFH.

41.(c): No evidence provided by CCFFH of completed 24 hours of annual training completed in the past 2 years for CG#1, CG#2, CG#3, and CG#4. No documentation provided of any 2022 training.

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## Foster Family Home

## Fire Safety

[11-800-46]

- 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 monthly fire drills conducted in the past year. No documentation of provided for the months of 12/22 and 11/22.

## Foster Family Home

## Quality Assurance

[11-800-50]

- 50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a): No evidence by CCFFH of emergency preparedness plan for CCFFH. No documents provided by CCFFH.

## Foster Family Home

## 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)(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 evidence by CCFFH of current service plan of client #1. Last documented service plan provided by CCFFH is 4/2023.

54.(c)(2): No evidence by CCFFH of current service plan for client #2. Last documented service plan provided by CCFFH is dated 6/2022.

54.(c)(2): No evidence by CCFFH of current service plan for client #3 addresses that client is currently in hospice. No documentation noted in service plan.

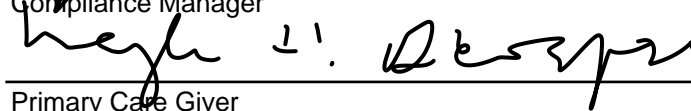
54.(c)(5): Medication discrepancy noted for client #3. Medications do not match MAR.

54.(c)(6): No evidence by CCFFH of ADLs documented daily for client #1. No documentation noted since 10/25/2023.

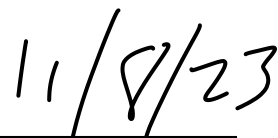
54.(c)(6): No evidence by CCFFH of RN monthly visits in past year for client #1. No documentation noted for 1/2023 and 12/2022.



Compliance Manager



Primary Care Giver



Date



Date