

# Foster Family Home - Deficiency Report

**Provider ID:** 1-120001

**Home Name:** Starlyn Cabading, CNA

**Review ID:** 1-120001-16

91-1061 Kauiki Street

Reviewer: Ryan Nakamua

Ewa Beach HI 96706

Begin Date: 11/7/2023

## 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: 11/07/2023).

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

9.(d)(3): No evidence of CCFFH certificate posted in home dwelling.

## 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 sets of fingerprint clearances for CG#3. Document provided by CCFFH only 1 set of fingerprint clearance dated 4/2022.

8.(a)(1): Evidence by CCFFH of lapse of Ecrim clearance for CG#2. Documents provided by CCFFH show lapse from 12/21/2022 to 3/19/2023.

8.(a)(2): Evidence by CCFFH of lapse of APS/CAN clearance for CG#2 and CG#4. Documents provided by CCFFH show lapse for CG#2 from 12/15/2022 to 1/25/2023 and for CG#4 from 2/05/2023 to 3/29/2023.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(3) Inform clients about their confidentiality practices;

16.(c) Information about an applicant or recipient shall not be used or disclosed unless;

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

16.(c)(2) The use or disclosure is specifically permitted under applicable federal or state rules or regulations.

Comment:

16.(b)(3): No evidence of client being informed of CCFFH confidentiality practices for client #1. No documentation provided by CCFFH.

16.(c)(1-2): No evidence provided by CCFFH of consent of use or disclosure of information for client #1. No evidence provided by CCFFH.

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## Foster Family Home

## Personnel and Staffing

[11-800-41]

- 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.
- 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 by CCFFH of lapse of TB clearance for CG#1, CG#2, and CG#4. Documents provided by CCFFH show lapse for CG#1 and CG#2 from 7/8/2023 to 8/14/2023. No document provided by CCFFH of TB clearance dated in 2022 for CG#4.

41.(b)(8): Evidence of lapse of CPR/First Aid training completed for CG#2. Documents provided by CCFFH of lapse from 6/28/2023 to 7/20/2023.

41.(b)(8): No evidence by CCFFH of CPR/First Aid training for CG#3. No documents provided by CCFFH.

41.(b)(8): No evidence by CCFFH of bloodborne pathogen and infection control training for CG#3 for 2022 and 2023. No documentation provided by CCFFH.

41.(c): No evidence by CCFFH of annual training completed for CG#3 for 2022. No documents provided by CCFFH.

41.(F)(1): No evidence by CCFFH of annual TB clearance for 1 of 2 minors. Documents provided by CCFFH of positive TB test but no follow up.

41.(g): No evidence by CCFFH of basic caregiver skills were assessed by case management agencies of client #1 and client #2. No documentation provided by CCFFH.

## Foster Family Home

## 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 RN delegation for CG#3 for client #1 and client #2. No documentation provided by CCFFH.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Grievance

[11-800-45]

45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:
- 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;
- 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and
- 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1-3): No evidence by CCFFH of client grievance policies and procedures were reviewed and signed by client #1 or POA. No documentation provided by CCFFH.

## 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.
- 46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a): No evidence by CCFFH of monthly fire drills were conducted. No documents provided by CCFFH of a fire drill conducted in 10/2023.

46.(b)(2): No evidence by CCFFH of CG#3 conducting a fire drill in the past 12 months. No documentation provided by CCFFH.

## 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 evidence by CCFFH of medication list of side effects for client #1. No documents provided by CCFFH.

## Foster Family Home

## Client Rights

[11-800-53]

- 53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a): No evidence by CCFFH of list of client rights were reviewed by client #1 or POA. No documents provided by CCFFH.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

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

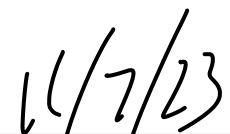
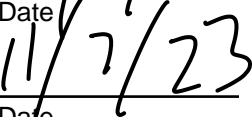
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(a)(1): No evacuation map posted in home of CCFFH. No map provided by CCFFH.

54.(c)(2): No evidence by CCFFH of client #1's service plan reviewed with POA. No signature noted in current service plan.

  
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Compliance Manager  
  
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Primary Care Giver

  
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Date  
  
\_\_\_\_\_  
Date