

Foster Family Home - Deficiency Report

Provider ID: 1-180030

Home Name: Zeilanie Tugas, CNA

Review ID: 1-180030-12

94-313 Paiwa Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 10/30/2023

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 date (inspection date: 10/30/2023)

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): Evidence by CCFFH of lapse of ecrim clearance for CG#1. Documents presented by CCFFH show lapse of clearance from 2/25/23 to 3/5/2023.

8.(a)(2): No evidence by CCFFH of current APS/CAN clearance for CG#1, CG#2, and HHM#1. No documentation within past 2 years have been presented by CCFFH.

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

Comment:

41.(b)(7): No evidence by CCFFH of proper clearance of TB for CG#3 w/ signature of MD/APRN/PA. Document presented by CCFFH does not have signature of MD/APRN/PA.

41.(b)(8): No evidence provided by CCFFH of CG#2 receiving bloodborne pathogen and infection control training. No documentation provided by CCFFH.

41.(c): No evidence presented by CCFFH of CG#1, CG#2, CG#3 completing required annual 12 training hours or 24 hours within past 24 months. No documentation provided by CCFFH showing completion of required training.

41.(f)(1): No evidence by CCFFH of household minors have documented TB clearance within the past year. No documentation provided by CCFFH.

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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 provided by CCFFH of list of side effects for client #1's medication. No documentation provided.

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Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e): CCFFH entrance gate was locked with no intercom or door bell at gate.

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Records


[11-800-54]

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


Comment:

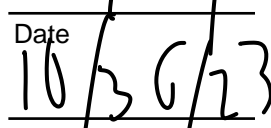
54.(c)(2): No evidence by CCFFH of current service plan for CG#1. According to service plan on file, new service plan is due by 10/17/2023.



Compliance Manager


Primary Care Giver



Date


Date