

# Foster Family Home - Deficiency Report

Provider ID: 1-615544

Home Name: Araceli Danao, CNA

Review ID: 1-615544-19

1430 Haloa Drive

Reviewer: Ryan Nakamua

Honolulu

HI 96818

Begin Date: 11/21/2023

## 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: 11/21/2023).

6.(d)(1): No evidence by CCFFH of completed 1147 assessment for client #1. No document provided by CCFFH.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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)(8): No evidence by CCFFH of current bloodborne pathogen and infection control training completed for CG#5 and CG#6. No documentation provided by CCFFH.

41.(g): no evidence by CCFFH of basic caregiver skills check for CG#1 for client #1. 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 RN delegations assigned by case management agency RN for CG#2, CG#3, CG#5, and CG#6 for client #1 and client #2. No documentation provided by CCFFH.

# Foster Family Home - Deficiency Report

## 3 Person Fire Safety, Natural Disaster

## 3 Person Fire Safety

## (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(d) Fire All caregivers and designated individuals must have been trained to implement appropriate emergency procedures in the event of a fire, natural disaster or other emergency.

Comment:

(3P)(b)(1): No evidence provided by CCFFH of fire drills conducted monthly. No documentation provided by CCFFH of fire drills conducted in 8/23, 9/23, and 10/23.

(3P)(d) Fire: No evidence by CCFFH of CG#2, CG#3, and CG#6 performing at least one fire drill in the past year. 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 current medication list of side effects for client #1. No documentation provided by CCFFH.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

- 54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:
- 54.(b)(1) Permit effective professional review by the case management agency, and the department; and
- 54.(b)(2) Provide information for necessary follow-up care for the client.
- 54.(c)(3) Current copies of the client's physician's orders;
- 54.(c)(5) Medication schedule checklist;
- 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.(b): No evidence by CCFFH of documentation of progress notes within the past year. Documents in client #1's binder dated 2020.

54(b)(1)(2): Compliance Manager unable to perform complete inspection of client #2 and client #3 due to disorganized paperwork not being readily available to inspect. Documents are scattered throughout home and in multiple folders and unable to find documents in timely manner when requested.

54.(c)(3): No evidence presented by CCFFH of all current MD orders. Last updated medication list does not match current medications administered by client #1.

54.(c)(5): No evidence of client #1's MAR documented regularly. No documentation for current month and CCFFH unable to find all MAR documents in the past year in timely manner.

54.(c)(6): No evidence by CCFFH of daily observation documentation for client #1. No documentation provided by CCFFH prior to 5/2023.

54.(c)(6): No evidence of monthly visits by case management agency RN for client #1. Documents provided by CCFFH have no documentation prior to 07/2023.



Compliance Manager



Primary Care Giver

11/21/23  
Date  
11/21/23  
Date