

Foster Family Home - Deficiency Report

Provider ID: 1-613803

Home Name: Genedina Albano, CNA

Review ID: 1-613803-16

91-1372 Kamahoi Street

Reviewer: Ryan Nakamua

Ewa Beach HI 96706

Begin Date: 11/16/2023

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: 11/16/2023).

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): No evidence by CCFFH of current ecrim clearance for CG#2 and CG#3. Documents provided by CCFFH for CG#2 show last ecrim was completed 12/02/2020 and last ecrim for CG#3 was completed 12/02/2020.

8.(a)(1): No evidence of fingerprint clearance for HHM#2. No documents provided by CCFFH.

8.(a)(2): Evidence of lapse in APS/CAN clearance for CG#1 and CG#2. Documents show lapse in clearance from 12/10/2022 to 10/12/2023.

8.(a)(2): No evidence by CCFFH of APS/CAN clearance for HHM#2. No documents provided by CCFFH.

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 provided by CCFFH of confidentiality training completed by CCFFH for HHM#2. No documentation provided by CCFFH.

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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): No evidence by CCFFH of current TB clearance for CG#2 and CG#3. No documentation provided by CCFFH with clearance in the past 12 months.

41.(b)(8): No evidence of current certification of First Aid/CPR training for CG#1 and CG#3. No documents provided by CCFFH.

41.(c): No evidence by CCFFH provided by annual training completed in 2022 for CG#1, CG#2, CG#3. No documents provided by CCFFH.

41.(f)(1): No evidence by CCFFH of current TB clearance for HHM#2 and HHM minor. No documentation provided by CCFFH

41.(g): No evidence by CCFFH of basic caregiver skills checked by case management agency for client #1 for CG#2 and CG#3. Documents provided by CCFFH show only CG#1's skills were checked by agency.

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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 all delegations assigned by case management agency were signed off for CG#1, CG#2, and CG#3 for client #1 and client #2. Documents provided by CCFFH do not have RN signature for every delegation for every caregiver.

43.(c)(3): No evidence of RN delegation for suctioning for client #2 by case management agency. No documents provided by CCFFH.

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Physical Environment

[11-800-49]

- 49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;
- 49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;
- 49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and
- 49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

- 49(a)(1): No evidence by CCFFH of non-slip surface mat for shower area in clients' bathroom.
- 49.(a)(5): No evidence by CCFFH of working smoke detector. No working battery in smoke detector in living area.
- 49.(a)(5): Fire extinguisher in CCFFH is not adequately filled to sufficient amount.
- 49.(c)(3): Open hole located in shower area ceiling.

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Records

[11-800-54]

- 54.(c)(5) Medication schedule checklist;

Comment:

- 54.(c)(5): Multiple discrepancies noted in client #1 medication list, MAR, and medications on hand. Medications on medication list and MAR are not identical and some medications on hand are not on hand.
- 54.(c)(5): Evidence of medication dosage discrepancy for client #2. Medication bottle and order does not match MAR.



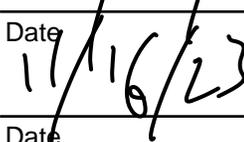
Compliance Manager



Primary Care Giver



Date



Date