

# Foster Family Home - Deficiency Report

**Provider ID:** 1-100016

**Home Name:** Marilyn Mooring, CNA

**Review ID:** 1-100016-15

94-531 Kipou Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 11/16/2023

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 visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 11/16/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Background Checks	[11-800-8]
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8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(c) State Name Check (eCrim) was lapsed for CG#4. State Name Check (eCrim) was due on or before 2/7/2023 and was completed on 5/10/2023.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG #2.

Foster Family Home	Client Care and Services	[11-800-43]
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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 RN delegation present for Client #3 for CG#2, #3, and #4.

# 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)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(6) The CCFFH did not have evidence that fire drills had been conducted monthly and to included each CG at least once per year. CG #2 did not conduct a fire drill in the past 12 months. CCFFH is missing October 2023 fire drill.

## 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) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. CG#2 and #3 did not received the training.

## Foster Family Home

## Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence of a current liability insurance policy for the business. Expired on 10/3/2023.

## Foster Family Home

## Records

[11-800-54]

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;

54.(c)(8) Personal inventory.

Comment:

54.(c)(5) MAR was not documented daily. Sheet not completed from 11/4/2023 to 11/15/23 for Client #1 and Client #2.

54(c)(6) Client#1 and Client#2 are missing ADL flowsheet for November 2023.

ADL flowsheet was not documented daily for Client# 2. Sheet not completed from 10/17/23 to 10/31/23.

54.(c),54(c)(8) Client# 3 did not have evidence that a personal inventory log has been initiated and/or maintained.

Compliance Manager

Primary Care Giver

Date

Date