

# Foster Family Home - Deficiency Report

**Provider ID:** 1-561531

**Home Name:** Sunny K. Lee, CNA

**Review ID:** 1-561531-16

3229-A Francis Street

Reviewer: Ryan Nakamua

Honolulu

HI

96815

Begin Date: 11/28/2023

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 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: 11/28/2023).

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(1) Have written policies and procedures that relate to confidentiality and privacy rights of applicants and recipients;

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

Comment:

16.(b)(1)(3): No evidence by CCFFH of confidentiality practices and privacy rights were informed to client #1. No documentation provided by CCFFH or signed consent.

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

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)(7): No evidence by CCFFH of current TB clearance for CG#2 within the past year. Document provided by CCFFH dated 3/10/2022.

41.(b)(8): Evidence by CCFFH of lapse of CPR/First Aide training for CG#1, CG#2, and CG#. Documents provided by CCFFH show lapse from 8/01/2023 to 9/12/2023 for CG#1 and CG#2 and lapse from 7/01/2023 to 9/12/2023 for CG#5.

41.(g): No basic caregiver skills check signed off by case management agency of client #1 for CG#2. No documentation provided by CCFFH.

# Foster Family Home - Deficiency Report

**Foster Family Home****Grievance****[11-800-45]**

- 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)(2)(3): No evidence by CCFFH of grievance policy was given/informed to client #1. No documentation provided by CCFFH of client #1 signed acknowledging receiving policy.

**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.

Comment:

46.(a): No evidence of fire drills conducted at least monthly in the past 12 months. No documentation provided of a fire drill conducted in 01/2023.

**Foster Family Home****Physical Environment****[11-800-49]**

- 49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;

Comment:

49.(a)(3): Evidence of bed that SCG#2/HHM sleeps on at night located in client's common living area.

**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 written of admission policy and procedures regarding clients rights for client #1 readily available when requested. No documentation provided by CCFFH.

# Foster Family Home - Deficiency Report

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:


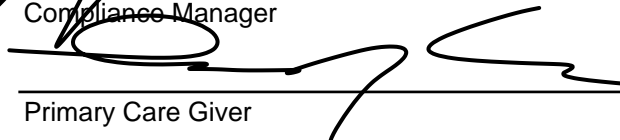
54.(c)(5): No documentation medication administered to client #1, client #2, and client #3 since 11/21/2023. MAR is blank since 11/21/2023.

54.(c)(5): Medication discrepancies for client #1 regarding the MAR and medications being administered. Appears that pages are missing in 11/2023 MAR.

54.(c)(5): No documentation of medication being given as ordered for client #3. Client's MAR shows medication being given once a day while written order and MAR states medication is to be given three times a day.

54.(c)(6): No evidence of regularly documentation of flowsheets of personal care for all clients. Last documentation noted on 11/23/2023.

54.(c)(8): No evidence by CCFFH of personal inventory log for client #1. No documentation provided by CCFFH.

  
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Compliance Manager  
  
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Primary Care Giver

11/28/23  
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Date  
11/28/23  
\_\_\_\_\_  
Date