

# Foster Family Home - Deficiency Report

Provider ID: 1-626202

Home Name: Jaculino Delos Santos, CNA

Review ID: 1-626202-15

1115 Kukila Place

Reviewer: Ryan Nakamua

Honolulu

HI 96818

Begin Date: 1/11/2024

## 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 of inspection (inspection date: 1/11/2024)

## 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;

Comment:

8.(a)(1): No evidence by CCFFH of current ecrim clearance for CG#1, CG#2, and CG#3. Documents provided by CCFFH show CG#1 ecrim clearance expired on 2/21/2023; CG#2 ecrim clearance expired on 2/21/2023, and no documentation provided by CCFFH of ecrim clearance.

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

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.(f)(1): No evidence by CCFFH of current TB clearance for minor household member. No documentation provided by CCFFH.

41.(g): No evidence by CCFFH of basic caregiver skills check completed by client #1's case management agency RN for CG#1, CG#2, and CG#3. 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 of RN delegation given to CG#3 for client #1. No documentation provided by CCFFH.

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Foster Family Home

Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3): During home inspection, CTA found dog feces inside home dwelling.

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;

Comment:

54.(c)(5): Evidence by CCFFH of medication discrepancy for two medications for client #1. One medication was not on medication administration record but listed in physician's orders and the other is medication dosage discrepancy from medication bottle and medication administration record.

54.(c)(6): No evidence by CCFFH of daily documentation of client #1's heart rate and respirations according to client's service plan. Documentation provided by CCFFH show CCFFH charted weekly.

54.(c)(6): No evidence by CCFFH of daily documentation of client #2's heart rate, respiration rate, and blood pressure prior to medications are given as according to client's service plan. Documentation provided by CCFFH show CCFFH charted weekly.



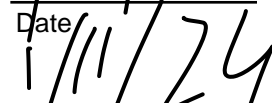
Compliance Manager



Primary Care Giver



Date



Date