

Foster Family Home - Deficiency Report

Provider ID: 1-594730

Home Name: Ericson Aczon, CNA

Review ID: 1-594730-14

94-048 Poailani Circle

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 1/16/2024

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: 1/16/2024).

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2): Evidence of lapse of APS/CAN coverage for HHM#2 and HHM#3. Documents provided by CCFFH show lapse of 1/29/2023 to 1/11/2024 for HHM#2 and lapse for 1/01/2023 to 1/11/2024 for HHM#3.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(4) Respect client privacy rights;

Comment:

16.(b)(4): No evidence of acknowledgement or okay to use of cameras in common living rooms or client #2's bedroom by client #1 and #2. No documentation provided by CCFFH.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(4): No evidence by CCFFH of CG#4 completing a psychosocial assessment. No documentation provided by CCFFH of CG#4 completing a substitute caregiver disclosure form.

41.(f)(1): No evidence by CCFFH of current TB clearance for 3 minor household members. No documentation provided.

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 from client #2's case management agency RN for CG#4. No documentation provided by CCFFH.

Foster Family Home - Deficiency Report

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a): No evidence by CCFFH of monthly fire drills conducted at CCFFH. No documentation provided by CCFFH of fire drills conducted on 10/2023 and all of 2022 except 01/2022.

46.(b)(2): No evidence by CCFFH of at least one fire drill conducted by CG#2 and CG#3 in the past year. No documentation provided by CCFFH.

Foster Family Home

Medication and Nutrition

[11-800-47]

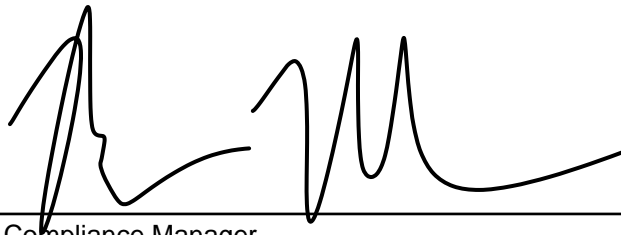
47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d): No evidence by CCFFH of physician order or included in service plan of use of side bed rails for client #1. During home inspection, bed side rails were observed to be up in client #1's bed. No documentation provided by CCFFH of okay to use.



Compliance Manager



Primary Care Giver



Date

Date