

Foster Family Home - Deficiency Report

Provider ID: 1-512344

Home Name: Estrelita Caramancion, CNA

Review ID: 1-512344-14

94-727 Kuhaulua Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 1/19/2024

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 visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 1/19/24).

PCG requests to increase from a 2-client to a 3-client 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 confidentiality policies and procedures and privacy rights training present for CG#5 and HHM#3.

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.(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)(4)- No [REDACTED] disclosure form completed by CG#4.

41.(b)(7)- CG#5's TB clearance lapsed on 12/19/23 and no current result was present.

41.(b)(8)- CG#4's bloodborne pathogen and infection control training lapsed on 1/5/24 and no current certification was present.

41.(g)- No basic skills check completed by CG#4 and CG#5 in Client #1's chart/records.

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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 RN delegations present for CG#4 and CG#5 in Client #1 and Client #2's charts.

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Fire Safety

[11-800-46]

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

Comment:

46.(b)(2)- CG#5 without evidence of having conducted a monthly fire drill for the CCFFH.

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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)- CG#4 and CG#5 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

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Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

Comment:

54.(c)(2)- Client #2's Service Plan lapsed on 9/20/23 and no current service plan was present in client's chart/records.

54.(c)(5)- one daily scheduled medication without an MD's order and was not written in Client #1's Medication Administration Record (MAR). Per CG#1- client had been given the medication daily.

Maikel Nakamine, RN

Compliance Manager

Shubell Ann

Primary Care Giver

1/19/24

Date

1/19/24

Date