

Foster Family Home - Deficiency Report

Provider ID: 1-170025

Home Name: Leonarda Balais, CNA

Review ID: 1-170025-12

94-616 Kahakea Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 1/22/2024

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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection.

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 2 sets of fingerprint background clearance for CG#6. Documentation provided by CCFFH shows only 1 set of fingerprint clearance dated 12/5/2022.

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 evidence by CCFFH of confidentiality training completed for CG#7. No documentation provided by CCFFH.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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- 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 evidence by CCFFH of documentation of completed psychosocial assessment for CG#7. No documentation provided by CCFFH of [REDACTED] disclosure form.

41.(b)(7): No evidence of current tb clearance for CG#6. Documentation provided by CCFFH shows last tb provided expired 12/02/2023.

41.(b)(8): No evidence by CCFFH of documentation of current CPR/first aid certification for CG#3. Document provided by CCFFH shows certificate expired 5/29/2023.

41.(g): No evidence by CCFFH of basic caregiver skills were checked by client #1's case management agency RN for CG#2,#3,#4,#6, and #7. Document provided by CCFFH shows only CG#1 was checked.

41.(g): No evidence by CCFFH of basic caregiver skills were checked by client #2 and #3's case management agency RN for CG#6. No documentation provided by CCFFH.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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- (3P)(a)(5) Staff Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months, per 321-483(b)(4)(B) HRS.

Comment:

(3P)(a)(5) Staff: No evidence by CCFFH of CG#7 completed 12 hours of annual Inservice training in 2023. Documents provided by CCFFH show CG#7 completed 5 hours.

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 evidence provided by CCFFH of client #1 and #3's case management agency RN authorizing any RN delegations for CG#7. No documentation provided.

43.(c)(3): No evidence provided by CCFFH of client #2's case management agency RN authorizing any RN delegations for CG#6 and delegation for administering oxygen for CG#2, #3, #4, #6, and #7. No documentation provided by CCFFH.

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

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2): No grab bars near toilet area during home inspection.

Foster Family Home Fiscal Requirements [11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b): Discrepancy regarding financial agreement regarding client #2 and monthly payments. CCFFH states that client #2 is paying medicaid rate but documents provided shows that client is paying private pay rate.

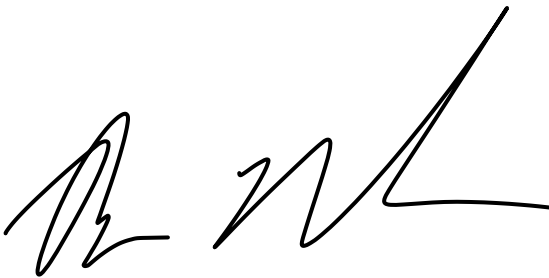
Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5): No evidence of documentation of medication administration for all medications for client #1 and #2. Documents provided by CCFFH that medication documentation for 1 medication was not documented since 1/05/2024 and all medications were not documented since 1/12/2024.

54.(c)(5): Evidence of medication discrepancy for client #3 regarding 2 medication dosages compared from current medication administrative record to bottle.



Compliance Manager



Primary Care Giver

1/22/24
Date
1/22/24
Date