

Foster Family Home - Deficiency Report

Provider ID: 1-511643

Home Name: Loreen Troxel, CNA

Review ID: 1-511643-14

98-881 Iilee Street

Reviewer: Ryan Nakamua

Aiea HI 96701

Begin Date: 1/24/2024

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 (inspection date: 1/24/2024).

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 by CCFFH of lapse of APS/CAN coverage from 4/02/2022 to 3/29/2023 for CG#1 based on the documents provided by CCFFH during inspection.

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

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.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

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): Evidence of lapse of TB clearance base on documents provided by CCFFH for CG#1. Documents provided by CCFFH, no documents provided by CCFFH of TB clearance prior to 8/13/2023.

41.(b)(8): No evidence by CCFFH of current bloodborne pathogen and infection control training completed for CG#1, CG#2, and CG#3. Document provided by CCFFH shows completed certificate with no name. CG#1 admitted that she has to write caregivers' name in certificate.

41.(c): No evidence by CCFFH of 12 hours of annual in service training completed by CG#2 in 2023. Documents provided by CCFFH, show only 9 hours were completed.

41.(g): No evidence by CCFFH of client #1's case management agency completed basic caregiver skills check for all caregivers. No documentation provided by CCFFH.

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Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c): No evidence by CCFFH of current list of side effects of current medications for client #1. Document provided by CCFFH show old list that does not match current medications that client is taking.

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Client Account

[11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a): No documentation provided by CCFFH of who the responsible party is in handling client #1's financial belongings. No documentation provided by CCFFH.

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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, multiple cockroaches were found in common living area. Home not well ventilated with no windows open to allow airflow when CTA arrived.

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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)(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)(2): No evidence by CCFFH of current service plan for client #1. Service plan that was provided by CCFFH was dated 2/2023 and states that next service plan due in 8/2023.

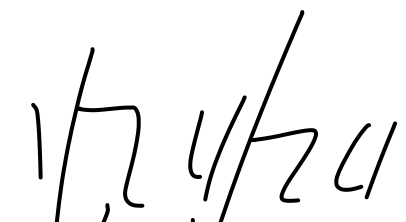
54.(c)(6): No evidence by CCFFH of RN monthly visit for client #1 in month of 12/2023. No documentation provided by CCFFH.



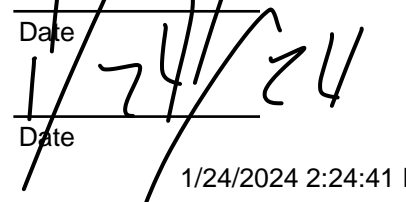
Compliance Manager



Primary Care Giver



Date



Date