

# Foster Family Home - Deficiency Report

Provider ID: 1-190009

Home Name: Marikit Cardon, NA

Review ID: 1-190009-9

849 Hoomau Street

Reviewer: Terri Van Houten

Wailuku HI 96793

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 by 2/11/24.

## 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;

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

Comment:

8.(a)(1) - CCFFH did not have evidence of two sets of fingerprints for CG #1, #2, and #3. (CG#1 expired 12/3/22, CG#2 expired 2/16/23, CG#3 expired 2/23/23)

8.(a)(2) - CCFFH did not have evidence of current APS/CAN for CG #1, #2, and #3. (CG#1 expired 12/3/22, CG#2 expired 2/16/23, CG#3 expired 2/23/23)

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

16.(b)(1) Have written policies and procedures that relate to confidentiality and privacy rights of applicants and recipients;

16.(b)(2) Safeguard all confidential information about applicants and recipients of services;

16.(b)(3) Inform clients about their confidentiality practices;

Comment:

16.(b)(1),16.(b)(2),16.(b)(3) - CCFFH did not have evidence that the confidentiality policy and procedure was received by the client. Document was missing the client's signature.

# Foster Family Home - Deficiency Report

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)(5)(C)(ii)	Have a current tuberculosis clearance;	
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.(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.(b)(4) - CCFFH did not have evidence of a CG disclosure for CG#4.

41.(b)(7) - CCFFH did not have evidence of a current TB clearance for CG#1.

41.(b)(5)(C)(ii) - CG#3 was listed as an alternate driver for clients. CG#3 did not have evidence of a current TB clearance on file.

41.(b)(8) - CCFFH did not have evidence of current CPR/First aid training for CG#1 and CG#4. CG#2 did not have current first aid training. (CG#1 expired 7/3/23, CG#4 expired 5/8/23)

41.(b)(8) - CCFFH did not have evidence of blood borne pathogen training completed within the last 12 months for CG#1, #2, #3, and #4).

41.(c) - CCFFH did not have evidence that CG#4 had completed the required number of hours of inservice training (8 hours) within the last 12 months.

41.(f)(1) - CCFFH did not have evidence of a TB clearance of TB exclusion for HHM #2 and #3.

41.(g) - CCFFH did not have evidence that basic skills check was completed for CG#2 for client #1.

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) - CCFFH did not have evidence that RN delegations were completed for CG#2 for client #1.

# Foster Family Home - Deficiency Report

**Foster Family Home****Grievance****[11-800-45]**

- 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;
- 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and
- 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1), 45.(2), 45.(3) - The CCFFH did not have evidence that client #1 was informed and provided with a copy of the grievance policy. Client #1's signature was missing from the document.

**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.

Comment:

46.(a) - CCFFH did not have evidence that a fire drill was being conducted monthly. Fire drills were present for March 2023 through August 2023 only. CG#2 did not have evidence that they had conducted a fire drill within the last 12 months.

**Foster Family Home****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) - The CCFFH did not have evidence of a list of medication side effects for client #1.

**Foster Family Home****Insurance Requirements****[11-800-51]**

- 51.(a)(1) General;

Comment:

51.(a)(1) - CCFFH did not have evidence of a current liability policy. Policy on file expired 1/1/24 and did not list CG#4.

**Foster Family Home****Client Rights****[11-800-53]**

- 53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a) - The CCFFH did not have evidence that the policy concerning client rights was provided to client #1. The document was missing the client's signature.

# Foster Family Home - Deficiency Report

Foster Family Home

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)(3) Current copies of the client's physician's orders;
- 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;
- 54.(c)(8) Personal inventory.

Comment:

54.(c)(2) - The CCFFH did not have evidence of a service plan for client #1.

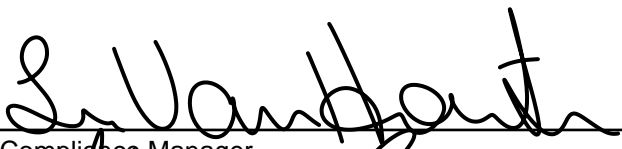
54.(c)(3) - The CCFFH did not have evidence of physician orders for client #1

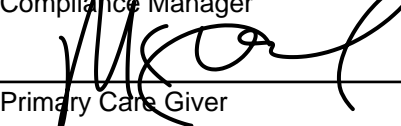
54.(c)(5) - The CCFFH did not have evidence that the MAR was current and matched the MD orders for client #1. One MAR present did not include the month and year. CG#1 indicated that one of the other CGs had removed the January 2024 MAR from the CCFFH. Multiple discrepancies noted on the December MAR related to the most recent MD office visit notes including doses and frequency. Medications were present in the home and no order for start date and Medications were missing without a DC date.

54.(c)(6) - CCFFH did not have evidence that the daily flowsheets were completed for client #1. January flow sheets had been removed from the CCFFH at the time of the inspection.

54.(c)(6) - The CCFFH did not have evidence of a completed RN assessment from December 2023. The head-to-toe assessment portion of the document was not completed by the CMA RN.

54.(c)(8) - The CCFFH did not have evidence that a personal inventory had been completed for client #1.

  
Compliance Manager

  
Primary Care Giver

1/11/24  
Date

1/11/24  
Date