

Foster Family Home - Deficiency Report

Provider ID: 4-150062

Home Name: Melanie Salgado, CNA

Review ID: 4-150062-15

343 Kenolio Road

Reviewer: Terri Van Houten

Kihei HI 96753

Begin Date: 1/9/2024

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 via email with written plan of correction due to CTA by 30 days of issuance.

42. - CCFFH did not have evidence of a current 1147 for client #2 (expired 4/23) and client #3. (No 1147 present in chart).

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 a second set of fingerprints for CG#3. Fingerprints on file expired 8/25/23.

8.(a)(1) - CCFFH did not have evidence of a eCrim for CG#2. eCrim on file expired 1/3/22.

8.(a)(2) - CCFFH did not have evidence of a current APS/CAN for CG#3. Results on file expired 8/25/23.

8.(a)(2) - CCFFH did not have evidence of a current APS/CAN for HHM#1. No results on file.

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) - CCFFH did not have evidence that client #1 had signed a consent form.

16.(b)(3) - CCFFH did not have evidence that client #1 had been provided with the CCFFH's confidentiality practices.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(a)(2) Be a NA, an LPN, or RN;

- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

- 41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

- 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.(a)(2) - CCFFH did not have evidence of a current CNA certificate for CG#2. CNA certificate on file expired 9/30/23.
- 41.(a)(3) - CCFFH did not have evidence of CG home experience for CG#3.
- 41.(b)(5) - CCFFH did not have a current driver's license/state ID for CG#2 (exp. 7/17/23) and CG#3 (exp 1/14/23).
- 41.(b)(7) - CCFFH did not have evidence of current TB clearance for CG#1 (expired 8/30/22), CG#2 (expired 9/9/23), and CG#3 (expired 12/18/23).
- 41.(b)(8) - CCFFH did not have evidence of a current CPR/First Aid care for CG#2. CPR/FA expired 6/23.
- 41.(b)(8) - CCFFH did not have evidence of current BBP training for CG#3.
- 41.(c) - CCFFH did not have evidence that CG#2 and CG#3 had completed 12 hours of inservice training in 2023 or 24 hours of inservice training in the last 24 months.
- 41.(f)(1) - CCFFH did not have evidence of current TB clearance or TB exclusion for HHM#1 (expired 11/17/23) and three (3) minors residing at the property.
- 41.(g) - CCFFH did not have evidence that basic skills checks had been completed for client #1 and client #2 for CG#1, CG#2, and CG#3. (Forms were missing CG signatures.)

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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- (3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

- (3P)(b)(2) Staff - The CCFFH did not have evidence that a 3 client sign out log was being maintained.

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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) - CCFFH did not have evidence that RN delegations had been completed for client #1 for CG#1, #2, and #3. (Forms were missing CG signatures)

43.(c)(3)- CCFFH did not have evidence that RN delegations had been completed for client #2 for CG#2.(Forms were missing CG signature.)

43.(c)(3) - CCFFH did not have evidence that RN delegations had been completed for client #3 for CG#1, #2, and #3. (Forms were missing CG signatures).

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Client Transfer/Discharge

[11-800-44]

44.(e)(2) Providing access to the client's file during relocation and return of the file to the case management agency upon relocation

Comment:

44.(e)(2) - The CCFFH had the medical record for a client who had been transferred to the hospital on 9/30/23. The medical record had not been returned to the CMA in a reasonable amount of time.

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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) - CCFFH did not have evidence that the grievance policy was reviewed with client #1

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1) Fire, (3P)(b)(6) Fire - CCFFH did not have evidence that fire drills were being conducted monthly for the last 12 months. Last fire drill was documented in February 2023. CCFFH did not have evidence that CG#3 had conducted a fire drill in the last 12 months.

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Medication and Nutrition

[11-800-47]

47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.

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.(b) - CCFFH did not have evidence that medications were regularly monitored by an MD or CMA RN. No medication orders were present in the record for client #1, the MAR had not been documented since admission.

47.(c) - The CCFFH did not have evidence of a list of medication side effects for client #1.

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Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - CCFFH did not have evidence of a current liability insurance. Policy on file expired 11/30/23.

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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 client rights had been reviewed with client #1.

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Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(c) The content of each client notebook shall be consistent with standards established by the department and shall contain:

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

54.(c)(4) Client's emergency management procedures;

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:

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54.(b) - The CCFFH did not have evidence of timely progress notes for client #1. No progress notes from CGs were present since admission on 12/19/23. Client #3 (discharged client) did not have evidence of documentation concerning a change in client condition which led to a transfer to hospital on 9/30/23.

54.(c) - CCFFH did not have evidence of a service plan for client #1 and client #3. Client #1 was admitted to the CCFFH on 12/19/23. Client #3 was admitted to the CCFFH on 8/23/23 and discharged on 9/30/23.

54.(c)(3) - CCFFH did not have evidence of MD orders for client #1, #2, and #3.

54.(c)(4) - CCFFH did not have evidence of a client specific emergency procedure for client #1.

54.(c)(5) - CCFFH did not have evidence that the MAR was current and matched the MD orders and prescription bottles.

Client #1 - No MD orders were present in the chart. MAR did not match the Hospital discharge summary or the prescription bottles. (Client was keeping the medications at the bedside and self-administering medications without an MD order.) Doses and frequency did not match. Client #1 had two medications at the bedside which were not included on the Hospital discharge summary.

Client #2 MAR did not match the MD orders and medications were present that were not included on the MAR. Medications were last documented on 10/31/23.

Client #3 - No documentation on the MAR for the time the client was residing at the CCFFH.

54.(c)(6) - CCFFH did not have evidence of daily documentation on the ADL flow sheets for client #1, #2, and #3.

Client #1 - No ADL flowsheet had been initiated since admission.

Client #2 - Last ADL flowsheet documentation occurred on 10/31/23.


Client #3 - No ADL flowsheet was initiated or maintained while the client resided at the CCFFH.

54.(c)(6) - The CCFFH did not have evidence that an RN visit was completed monthly for client #1 and #2.

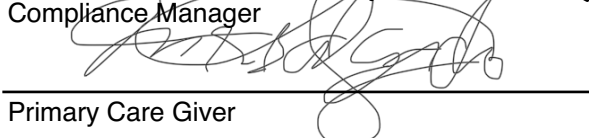
Client #1 - RN admission assessment/intake was blank.

Client #2 did not have an RN visit note from 6/23 and 10/23.

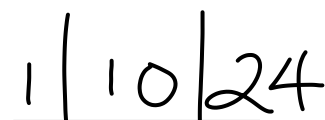
54.(c)(8) - CCFFH did not have evidence of a personal inventory being completed for client #1 and client #3.



Compliance Manager



Primary Care Giver



Date

01/10/2024
Date