

# Foster Family Home - Deficiency Report

Provider ID: 4-100031

Home Name: Mineriza Pascua, CNA

Review ID: 4-100031-20

1588 Piikea Street

Reviewer: Ryan Nakamua

Honolulu

HI 96818

Begin Date: 1/8/2024

## 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: 1/8/2024).

## 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 CG#2 completed confidentiality training. No documentation provided by CCFFH.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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)(7): No evidence by CCFFH of no lapses in TB clearances for CG#1 and CG#3. No documentation provided by CCFFH of TB clearance completed in the year of 2022 to show no lapses since last recertification inspection.

41.(b)(7): Evidence by CCFFH of lapse of TB clearance for CG#2 and CG#4. Documents provided by CCFFH show lapse of TB clearance for CG#2 dating 7/19/22 to 2/22/2023 and for CG#4 dating 4/03/2022 to 3/2/2023.

41.(f)(1): No evidence by CCFFH of documentation of TB clearance for 2 household minors. No documentation provided by CCFFH.

41.(g): No evidence by CCFFH of basic skills caregiver checked by case management agency of CG#4 for client #2. No documentation provided by CCFFH.

# Foster Family Home - Deficiency Report

## 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): No evidence by CCFFH of RN delegations for Hospice care and oxygen use for CG#2 and CG#4 and foley care for CG#4 for client #1. No documentation provided by CCFFH.

43.(c)(3): No evidence by CCFFH of RN delegation for oral medications for CG#4 for client #2. No documentation provided by CCFFH.

## 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): No evidence by CCFFH of monthly fire drills were conducted at CCFFH. No documentation provided by CCFFH for months of 7/2023 to 12/2023.

## Foster Family Home

## Medication and Nutrition

[11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No evidence by CCFFH of MD order for bed side rails for client #1. No documentation provided by CCFFH.

## Foster Family Home

## Physical Environment

[11-800-49]

49.(b)(1) Have a bedside curtain or screen to ensure privacy when a room is shared by the client and another person;

Comment:

49.(b)(1): No evidence of a bedside curtain or screen provided by CCFFH to ensure privacy of client #2 and #3 in shared bedroom.

## Foster Family Home

## Records

[11-800-54]

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;

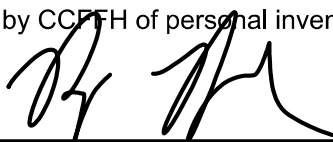
54.(c)(8) Personal inventory.

Comment:

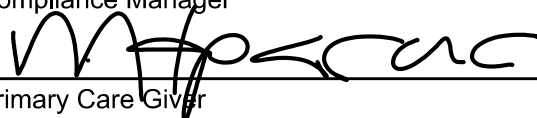
54.(c)(5): No evidence by CCFFH of documentation of medication administration for client #1 for the month of 1/2024. No documentation provided by CCFFH.

54.(c)(6): No evidence by CCFFH of personal care/observation daily checklist for the months of 12/2023 and 1/2024 for client #1. No evidence by CCFFH provided.

54.(c)(8): No evidence by CCFFH of personal inventory listed for client #1. No documentation provided by CCFFH.



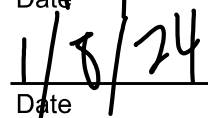
Compliance Manager



Primary Care Giver



Date



Date