

Foster Family Home - Deficiency Report

Provider ID: 1-210032

Home Name: Nanette Castro, NA

Review ID: 1-210032-7

1685-A Kino Street

Reviewer: Maribel Nakamine

Honolulu

HI

96819

Begin Date: 1/12/2024

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 1/12/24).

Foster Family Home	Background Checks	[11-800-8]
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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), (2)- CG#2 without the result of the 2nd set of APS/CAN/Fingerprint. HHM#3 without a current result of APS/CAN/Fingerprint.

Foster Family Home	Information Confidentiality	[11-800-16]
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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 confidentiality policies and procedures and client privacy rights training present for CG#5 and HHM#3.

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.(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 [REDACTED] caregiver disclosure form completed by CG#5.

41.(g)- No basic skills checks completed/present for CG#5 in Client #1 and Client #2's chart/records.

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 RN delegations present for CG#5 in Client #1 and Client #2's charts/records.

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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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a),(b)(2)- CCFFH's last fire drill was on 8/15/23. No monthly fire drill completed for 9/2023, 10/2023, 11/2023, and 12/20/23. CG#5 without evidence of having conducted a monthly fire drill for the CCFFH.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e)- CG#1, CG#2, CG#3, CG#4, and CG#5 without evidence of having been trained with Client #2's specialized diet of pureed and pudding thickened liquids.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4)- CCFFH's hallway and evacuation exit (back door) were obstructed with multiple boxes and household items and would not allow a wheelchair or walker access in case of emergency.

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#5 without evidenced of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- CCFFH's automobile policy coverage did not meet the minimum required amount.

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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;

Comment:

54.(c)(5)- Client #1 without the months of December 2023 and January 2024 Medication Administration Records. Client #2's January 2024 Medication Administration Record was last signed on 1/5/24 and one daily scheduled medication was not written in client's Medication Administration Record.

54.(c)(6)- Client #1 without the December 2023 and January 2024 Daily Care Flowsheet. Last signed was on November 30, 2023.

Maribel Nakamine, RN 1/12/24
Compliance Manager Date
Monette A. Costa 1/12/24
Primary Care Giver Date