

Foster Family Home - Deficiency Report

Provider ID: 1-160068

Home Name: Rubyllyn Fiesta, CNA

Review ID: 1-160068-17

94-1094 Kuhaulua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/23/2024

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 visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 1/23/24).

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 confidentiality policies and procedures and client privacy rights training present for CG#6.

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

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.

Comment:

41.(b)(8)- CG#1's CPR/First Aid certifications lapsed on 1/10/24 and no current training was present.

41.(c)- CG#1 without any hours of the required 12 hours of annual training in services for the years 2022 and 2023.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(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- no Sign Out/In sheets present.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

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

Comment:

(3P) (b)(1) Fire- no monthly fire drill completed for the past 12 months.

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Physical Environment

[11-800-49]

49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(3)- CCFFH's living room area was cluttered with toys, clothings, etc.

49.(c)(3)- Client #3's bedroom smelled of strong human urine. Client #2's bedroom window screens- one side missing, and the other screen was ripped- insects, vermin, bugs, mosquitoes, can enter client's room and possibly bite the clients in the CCFFH.

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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)(5) Medication schedule checklist;

Comment:

54.(c)(2)-Client #1's Service Plan dated 8/11/23 without the client/POA's signature. Client #2's Service Plan dated 11/12/23 without the client/POA's signature.

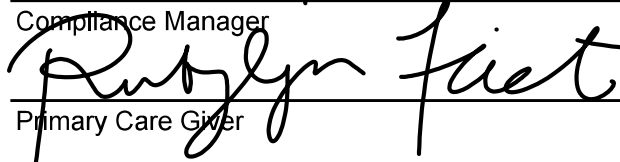
54.(c)(5)- Client #1 without a January 2024 Medication Administration Record (MAR). Client #2 without a January 2024 MAR and December 2023 MAR without signatures from 12/1- 12/31/23. Compliance manager was unable to determine if client was given medications as prescribed by MD. Client #3's MAR was last signed on December 28, 2023, and no January 2024 MAR was present.



Compliance Manager

Date

1/23/24



Primary Care Giver

Date

1/23/24