

Foster Family Home - Deficiency Report

Provider ID: 1-130044

Home Name: Shiela Marie Calantoc, CNA

Review ID: 1-130044-24

1311 Olino Street

Reviewer: Ryan Nakamua

Honolulu

HI

96818

Begin Date: 1/10/2024

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 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: 1/10/2024).

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 evidence by CCFFH of confidentiality training for CG#4 and CG#7. No documentation provided by CCFFH.

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.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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 documentation provided by CCFFH of CG#4 completing substitute caregiver disclosure form. No documentation provided by CCFFH.

41.(b)(7): No evidence by CCFFH of current TB clearance for CG#1 and CG#7. Documents provided by CCFFH for CG#1 dated 12/19/2022 and document for CG#7 dated 12/16/2022.

41.(b)(8): No evidence by CCFFH of current bloodborne pathogen and infection control training completed for CG#1, CG#4, and CG#7. Documents provided by CCFFH show last bloodborne pathogen training for CG#1 expired 12/19/2023; CG#4 expired 3/11/2023; and CG#7 expired 12/19/2023.

41.(g): No evidence by CCFFH of basic caregiver skills checked for CG#7 by case management agency for client #1. No documentation provided by CCFFH.

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Client Care and Services

[11-800-43]

- 43.(c)(1) Be appropriate to the age and condition of the client and provided in a homelike environment;
- 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)(1): During home inspection, toilet seat missing from bathroom next to client #2 and client #3's bathroom.

43.(c)(3): No evidence by CCFFH of RN delegations were given to CG#7 by case management agency for client #1 and client #3. No documentation provided by CCFFH.

Foster Family Home

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)(1) Client's vital information;
- 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.(B)(1): No evidence by CCFFH of documentation regarding of events of admission, change in condition, or hospitalization for client #1, client #2, and client #3. No documentation provided by CCFFH.

54.(c)(1): No evidence by CCFFH of current face sheet with client vital information for client #1 and client #3. Documentation provided by CCFFH for client #1 is a face sheet of client's prior living address.


54.(c)(5): No evidence by CCFFH of medications being given according to client #1's physician orders. 9 medications were not in supply by CCFFH and 1 medication dosage discrepancy based on medication bottle and medication administration record provided by CCFFH.

54.(c)(5): No evidence by CCFFH of documentation of medication administration prior of 1/2024 for client #1. Caregiver states that pages got wet and unable to provide pages to CTA.

54.(c)(5): No evidence of any medication administration documentation by CCFFH since admission for client #3. No documentation and no current medication administration record provided by CCFFH to compare with medications on hand.

54.(c)(6): Documentation discrepancy noted in client #1's observation/assisted daily living flowsheet. Documents provided by CCFFH dated 4/2023 but client was admitted to CCFFH on 5/12/2023 according to client's binder and caregiver at home.

54.(c)(6): No evidence by CCFFH of RN monthly visits by client #1's case management agency. No documentation provided by CCFFH of RN visits for the month of 6/2023, 7/2023, and 8/2023.



Compliance Manager



Primary Care Giver

1/10/24

Date

1/10/24

Date