

Foster Family Home - Deficiency Report

Provider ID: 1-100049

Home Name: Mario Patricio, CNA

Review ID: 1-100049-14

99-634 Hulumanu Street

Reviewer: Ryan Nakamua

Aiea HI 96701

Begin Date: 1/25/2024

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: 1/26/2024).

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;

Comment:

8.(a)(1): No evidence of exemption for red light from field print fingerprint dated 1/19/2024. No documentation of exemption provided by CCFFH.

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

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 evidence by CCFFH of psychosocial assessment completed by CG#3. No documentation provided by CCFFH of completed [REDACTED] caregiver form.

41.(g): No evidence by CCFFH of basic caregiver skills checked by client #1's case management agency RN for CG#3 and #4. No documentation provided by CCFFH.

41.(g): No evidence by CCFFH of basic caregiver skills checked by client #2 and #3's case management agency for CG#3. No documentation provided by CCFFH.

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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 evidence provided by CCFFH of up to date caregiver sign out sheet. No documentation provided.

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 by client #1's case management agency for Oxygen and suctioning use for all caregivers.

43.(c)(3): No evidence by CCFFH of RN delegations by client #1's case management agency for topical medications for CG#2, #3, and #4. Documentation provided shows only CG#1 was delegated.

43.(c)(3): No evidence by CCFFH of RN delegations by client #2 and #3's case management agency for CG#3. No documentation provided by CCFFH.

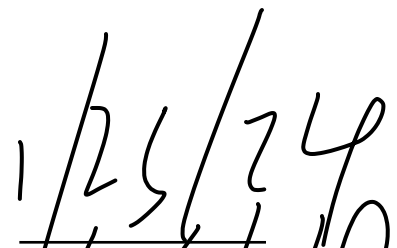

43.(c)(3): No evidence by CCFFH of RN delegations for nebulizer treatments by client #3's case management agency for all caregivers. No documentation provided by CCFFH.



Compliance Manager



Primary Care Giver

Date

Date