

# Foster Family Home - Deficiency Report

Provider ID: 1-180006

Home Name: Reymando Fiesta, CNA

Review ID: 1-180006-12

94-1260 Peke Place

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 11/20/2023

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 2 bed re-certification inspection.

§11-800-42 Client eligibility requirements. (a) To be admitted to the community care foster family home, the individual shall:

(1) Be certified by a physician as requiring nursing facility level of care. The medicaid agency medical consultant shall certify the individual who is a participant in a federally funded medicaid program. Client #1 is missing form 1147.

HAR §11-800-2 Definitions. As used in this chapter.

"Certificate of approval" or "certificate" means the certificate issued by the department which authorizes a person, agency, or organization to operate a community care foster family home.

"Community care foster family home" or "home" means a home as defined in section 321- 481, HRS.

HRS §321-481 Definitions. As used in this part:

"Certificate of approval" means the certificate issued by the department or its designee that authorizes a person, agency, or organization to operate a community care foster family home.

"Community care foster family home" or "home" means a home that:

(2) Is issued a certificate of approval by the department or its designee to provide, for a fee, twenty-four-hour living accommodations, including personal care and homemaker services, for not more than two adults at any one time, at least one of whom shall be a medicaid recipient, who are at the nursing facility level of care, who are unrelated to the foster family, and who are receiving the services of a licensed home and community-based case management agency; provided that:

(3) Does not include expanded adult residential care homes or assisted living facilities.

"License" means an approval issued by the department or its authorized agents for a person, agency, or organization to operate as a home and community-based case management agency.

Add §11-800-6 Required license or certificate of approval. (b) Any person, agency, or organization that wants to operate a home as a community care foster family home to provide, for a fee, twenty-four-hour living accommodations, including personal care and homemaker services for adults who have nursing facility level of care needs and are not related to the person providing the care, shall obtain a certificate of approval from the department.

A primary caregiver cannot operate two CCFFHs. They cannot act as both a primary caregiver and a substitute caregiver simultaneously. The rules state any person that wants to operate 'a' home. This rule indicates a person may operate only one CCFFH. The CCFFH was caring for its own 2 clients and 1 client in the CCFFH next door.

Deficiency Report (revised) issued via email on 11/27/2023 with Plan of Correction due to CTA within 30 days of issuance.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Background Checks

[11-800-8]

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(c) State Name Check (eCrim) was lapsed for CG#1. CG#1 State Name Check (eCrim) was due on or before 6/9/2023 and was completed on 6/30/2023.

## Foster Family Home

## Personnel and Staffing

[11-800-41]

41.(a)(2) Be a NA, an LPN, or RN;

41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

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

41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

41.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

41.a.2. Substitute caregiver #3 is only approved for 2 clients while caring for 3 clients from two CCFFH.

41.a.4. There was no caregiver present in the CCFFH.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2 and CG#3. CG#2 TB clearance expired, was due on/before 10/12/2023. CG#3 TB clearance expired, was due on/before 10/10/2022.

41.h. CG#4 is listed on CCFFH staffing matrix. CG#4 full file is missing from CCFFH staffing records.

41.j.2. There were no CG present in the CCFFH, leaving a client unattended. The other client was located at another CCFFH.

## Foster Family Home

## Client Care and Services

[11-800-43]

43.(a) The home shall care for not more than two adults at any one time who are unrelated to the foster family, or if certified by the department for three beds; shall care for not more than three adults, pursuant to the requirements under section 321-481, HRS.

Comment:

43.a. There was no caregiver present in the CCFFH. CCFFH is certified for 2 clients, but was caring for more clients than certified for. CG #3 overseeing two CCFFH is only approved for 2 clients at this CCFFH.

# Foster Family Home - Deficiency Report

Foster Family Home	Fire Safety	[11-800-46]
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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) - Last fire drill present in record was documented on 9/2023. No fire drill documentation present for October 2023.

46.(b)(2)- CG#2 did not have evidence of conducting a monthly fire drill within the past 12 months.

Foster Family Home	Quality Assurance	[11-800-50]
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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) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. CG#1, #2, #3, #4, and #5 did not receive the training and did not sign the acknowledgment form.

Foster Family Home	Insurance Requirements	[11-800-51]
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51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence that all CGs are included on the liability insurance policy. CG#4 and CG#5 are not included on the policy.

Foster Family Home	Fiscal Requirements	[11-800-52]
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52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b) - No fiscal records present for 2023.

Foster Family Home	Client Rights	[11-800-53]
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53.(b)(8) Have the client's personal and medical records kept confidential;

Comment:

53.(b)(8) Client#1 and Client#2 records were removed from the CCFFH.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(a)(3) A list of applicable community resources.

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

Comment:

54(a)(3) The CCFFH did not have a list of applicable community resources. Senior Handbook is missing.

54.b.1 Client#1 and Client#2 records were removed from the CCFFH.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

11/27/2023  
\_\_\_\_\_  
Date

11/29/23  
\_\_\_\_\_  
Date