

Foster Family Home - Deficiency Report

Provider ID: 1-180018

Home Name: Roxanne Aranda, CNA

Review ID: 1-180018-11

3415 Aliamanu Street

Reviewer: Ryan Nakamua

Honolulu

HI 96818

Begin Date: 1/30/2024

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: 1/30/2024).

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;

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): No evidence by CCFFH of current criminal background clearance for HHM#1. Document provided by CCFFH of last ecrim report dated 8/08/2020.

8.(a)(2): Evidence by CCFFH of lapse of APS/CAN coverage for CG#4 and HHM#1. Documents provided by CCFFH show lapse from 10/21/2023 to 1/23/2024 for CG#4 and 7/21/2023 to 10/09/2023 for HHM#1.

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.

Comment:

41.(b)(8): No evidence by CCFFH of current CPR/AED certification for CG#2. No documents provided by CCFFH of current CPR certification.

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 delegation by client #2's case management agency regarding blood glucose monitoring for any caregivers. No documentation provided by CCFFH.

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Medication and Nutrition

[11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No evidence by CCFFH of physician order for use of bed rails for client #1. No documentation provided by CCFFH.

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Physical Environment

[11-800-49]

49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

49.(a)(5): No fire extinguisher present at CCFFH during inspection.

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Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e): No doorbell or intercom located on outside gate of CCFFH to communicate that someone is outside.

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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;

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)(2): No evidence by CCFFH of service plan completed every six months for client #1. No documentation provided by CCFFH of service plan due 1/2023.

54.(c)(2): No evidence by CCFFH of client #2's current service plan addressing client has every other day blood glucose monitoring. No documentation noted in client #2's service plan.

54.(c)(5): Discrepancy noted in client #2's medication on hand compared to medication administration record. Medication being given is not same medication that is ordered to be given.

54.(c)(6): No evidence by CCFFH of monthly RN visits conducted by case management agency for client #1. No documentation provided that RN visited client #1 in month of 04/2023.



Compliance Manager



Primary Care Giver



Date



Date