

Foster Family Home - Deficiency Report

Provider ID: 4-130002

Home Name: Abigail Navalta, RN

Review ID: 4-130002-16

415 Waiehu Beach Road

Reviewer: Terri Van Houten

Wailuku

HI 96793

Begin Date: 11/14/2023

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 12/14/2023.

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) - CCFFH did not have evidence of a current eCrim report for CG#1, CG#2 and CG#3. Ecrim on file expired 1/20/23.

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

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

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.

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)(7) - CCFFH did not have evidence that CG#4 had an up to date TB clearance. TB on file expired 1/21/23.

41.(b)(8) - CCFFH did not have evidence that CG#4 had current CPR/First aid training. CPR card on file expired 6/30/23.

41.(b)(8) - CCFFH did not have evidence that CG#1, #2, #3, and #4 had completed bloodborne pathogen and infection control training within the last 12 months.

41.(c) - CCFFH did not have evidence of 12 hours of inservice training for CG#1, #2, #3 and #4 on file.

41.(g) - The CCFFH did not have evidence that a basic skills check had been completed for CG#2, #3 and #4 regarding client #1.

Foster Family Home - Deficiency Report

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) - The CCFFH did not have evidence that RN delegations had been provided regarding special feeding needs for CG#2, #3, and #4 regarding client #1.

**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

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

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1) Fire, (3P)(b)(6) Fire - CCFFH did not have evidence of monthly fire drills being conducted and including all caregivers. The last fire drill on record was conducted in April 2023. No evidence that a fire drill was conducted by CG#3 or CG#4.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e) - The CCFFH did not have evidence that CG#2, #3, and #4 had been trained on the special feeding needs of client #1.

Foster Family Home

Records

[11-800-54]

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;

54.(c)(8) Personal inventory.

Comment:

54.(c)(5) - Medication discrepancy noted for client #2. MAR and PCP order indicated PRN medication ordered twice daily. Prescription bottle indicated medication was to be given three times daily.

54.(c)(6) - CCFFH did not have evidence that personal care/daily checklist was being completed daily. Last documented flow sheet was from May 2023.

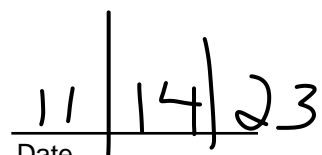
54.(c)(8) - The CCFFH did not have evidence that a personal inventory had been completed for client #1.



Compliance Manager

Abigail navalta

Primary Care Giver



Date

11/14/2023

Date