

Foster Family Home - Deficiency Report

Provider ID: 1-110044

Home Name: Karen Tomlins, CNA

Review ID: 1-110044-17

98-1713 Laauhuahua Way

Reviewer: Ryan Nakamua

Pearl City HI 96782

Begin Date: 2/2/2024

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: 2/2/2024).

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): Evidence by documents provided by CCFFH of red light determination for CG#7 based off of fieldprint fingerprint check dated 1/07/2024. No documentation of an exemption provided.

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

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.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

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.(a)(4): At arrival at CCFFH, No 3 bed approved caregiver present with one client at home. Substitute caregiver at home only approved for 2 bed CCFFH.

41.(b)(7): Evidence by CCFFH of lapse of TB clearance for CG#3, CG#5, and CG#7. Documents provided by CCFFH show lapse of TB clearance for 5/2023 to 8/10/2023 for CG#3, no documentation provided prior to 12/21/2023 for CG#5, and 10/2/2023 to 12/21/2023 for CG#7.

41.(e): Evidence by CCFFH of CG#5 and CG#7 not approved to be substitute care givers for 3 client CCFFH.

41.(g): No evidence by CCFFH of basic caregiver skills were checked by client #1's case management agency for CG#5. No documentation provided by CCFFH.

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3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

(3P)(b)(1) Staff Primary and substitute caregivers be twenty-one years of age or older, per 321-483(b)(4)(A) HRS.

Comment:

(3P)(a)(4) Staff: No evidence by CCFFH of work experience of CG#3, #5, and #7 showing at least 1 year experience. No documentation provided by CCFFH.

(3P)(b)(1) Staff: Evidence by driver's license provided by CCFFH shows CG#5 is under 21 years old age requirement.

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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 #1's case management agency for CCG#5. No documentation provided by CCFFH.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(d) Fire All caregivers and designated individuals must have been trained to implement appropriate emergency procedures in the event of a fire, natural disaster or other emergency.

Comment:

(3P)(d) Fire: No evidence by CCFFH of CG#3 and CG#5 conducting at least one monthly fire drill in the past 12 months. No documentation provided by CCFFH.

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Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c): No evidence by CCFFH of list current medication side effects for all clients. No documentation provided by CCFFH.

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Records

[11-800-54]

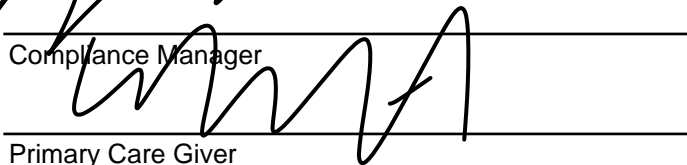
54.(c)(8) Personal inventory.

Comment:

54.(c)(8): No evidence by CCFFH of list of personal inventory documented for client #1 and client #2. No documentation provided.



Compliance Manager



Primary Care Giver

2/7/24
Date
2/2/24
Date