

# Foster Family Home - Deficiency Report

Provider ID: 1-230029

Home Name: Magdalena Layugan, NA

Review ID: 1-230029-3

98-113 Kaulike Drive

Reviewer: Ryan Nakamua

Pearl City

HI 96782

Begin Date: 2/5/2024

## 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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 2/5/2024).

## 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 provided by CCFFH of current criminal background check or 2 sets of fingerprints completed for HHM#2. Based online database, HHM#2 had a red light dated 8/21/2023 with no exemption. CCFFH disclosed this HHM after physical home inspection and CTA seeing HHM#2's room.

8.(a)(2): Evidence based on online database, HHM#2 has redlight from field print dated 8/21/2023.

## Foster Family Home Information Confidentiality [11-800-16]

16.(a) All information relating to individuals who apply for or receive home and community-based case management and community care foster family home services shall be confidential.

16.(b)(2) Safeguard all confidential information about applicants and recipients of services;

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

16.(c)(2) The use or disclosure is specifically permitted under applicable federal or state rules or regulations.

Comment:

16.(a): No fax machine located in CCFFH. HHM#1 states that CCFFH receive faxes from next door neighbor's home.

16.(b)(2) No evidence CCFFH has kept client information confidential due to having faxes going to fax machine that is not currently at CCFFH.

16.(b)(5): No evidence by CCFFH of HHM#2 completed confidentiality training. No documentation provided by CCFFH.

16.(c)(1): No evidence by CCFFH of consent by client #1 to disclose client information. No documentation provided.

16.(c)(2): No fax machine located in CCFFH. HHM#1 states that CCFFH receive faxes from next door neighbor's home.

# Foster Family Home - Deficiency Report

## 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 CG#3 completed a psychosocial assessment or disclosure form for CCFFH. No documents provided by CCFFH.

41.(g): No evidence by CCFFH of basic caregiver skills check by client #1 and #2's case management agency for CG#3. 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 delegation for client #1 and client #2's case management agency for CG#3.

## Foster Family Home

## Grievance

[11-800-45]

45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:

45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1)(2)(1): No evidence that grievance policies reviewed by client #2. No documents provided CCFFH of signed by client that grievance policy is reviewed.

## Foster Family Home

## Fire Safety

[11-800-46]

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.

Comment:

46.(a): No evidence by CCFFH of monthly fire drills were conducted while clients living at CCFFH. No documentation provided by CCFFH.

# Foster Family Home - Deficiency Report

Foster Family Home	Medication and Nutrition	[11-800-47]
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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.

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

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

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(c): No evidence by CCFFH of list of side effects for current medications for client #1 and client #2. No documentation provided by CCFFH.

47.(d)(1): No evidence by CCFFH of physician order of use of bed side rails for client #1 and #2. No documentation provided by CCFFH.

47.(d)(2): No evidence by CCFFH of client #1 and #2's service plan addresses the use of bed side rails. No documentation provided by CCFFH.

Foster Family Home	Client Account	[11-800-48]
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48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a): No documentation of who is responsible of client #1 and client #2's personal funds.

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): No evidence by CCFFH of written emergency management preparedness plan and policies for CCFFH. No documents provided by CCFFH.

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 documentation provided of CCFFH fiscal records showing funds received and expenditures by CCFFH. No documents provided by CCFFH.

Foster Family Home	Client Rights	[11-800-53]
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53.(b)(1) Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out;

Comment:

53.(b)(1): No evidence by CCFFH of client #2 informed of their rights. No documents provided by CCFFH.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

- 54.(a)(1) Emergency procedures and an evacuation map;
- 54.(c)(3) Current copies of the client's physician's orders;
- 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.(a)(1): No evacuation map provided by CCFFH of current home.


54.(c)(3): No evidence by CCFFH of physician orders of client #1's current medications. No documents provided by CCFFH.

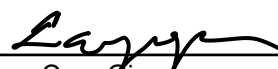
54.(c)(5): No documentation provided by CCFFH of medication administration for client #1 and client #2 since 1/21/2024 and 1/11/2024.


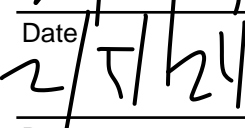
54.(c)(5): Evidence by CCFFH of six medications not being given since admission.

54.(c)(6): No evidence by CCFFH of documentation of daily personal care for client #1 and client #2 since 1/11/2024.

54.(c)(8): No evidence by CCFFH of client #1 and client #2's personal belongings counted and documented. No documentation provided by CCFFH.

  
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Compliance Manager

  
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Primary Care Giver

  
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Date  
  
\_\_\_\_\_  
Date