

Foster Family Home - Deficiency Report

Provider ID: 1-230023

Home Name: Rofelia Julian, CNA

Review ID: 1-230023-3

94-770 Kaaholo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/31/2024

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 visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 1/31/24).

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),(2)- HHM#2 without any result of an APS/CAN/Fingerprint.

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

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.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for HHM#2.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.
- 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.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.
- 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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and
- 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.
- 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) When the primary caregiver will be absent or unable to perform regular duties, and clients are present, the primary caregiver shall:
- 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)(4)- No department approved caregiver present upon compliance manager's arrival to the CCFFH.
 41.(b)(4)- Primary caregiver disclosure form was not updated to reflect the current household composition of the CCFFH.
 41.(b)(5)- No Alternate Transportation Plan completed/present.
 41.(c)- CG#1 was short of 10 hours of the required 12 hours of 2023's annual in-service training and CG#2 was short of 6 hours of the required 8 hours of 2023's annual in-service training.
 41.(f)(1)- HHM#2 without a TB clearance present.
 41.(g)- CG#2 without a basic skills training completed in Client #1's chart/records.
 41.(h), (j), (j)(2)- no department approved caregiver upon compliance manager's arrival at the CCFFH. An unapproved (household) adult household member stated that she was left alone with the two CCFFH clients while the primary caregiver was away from the CCFFH.

Foster Family Home	Client Care and Services	[11-800-43]
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- 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 RN delegations present for CG#2 in Client #1's chart/records.

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), (b)(2)- CCFFH's last dated/completed monthly fire drill was on 3/31/23. No monthly fire drills from 4/2023-12/31/2023. CG#2 without evidence of having conducted a monthly fire drill.

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Foster Family Home 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), (d)(1)- No MD order present for the use of siderails in Client #1's chart/records.

Foster Family Home Physical Environment [11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1)- No non-slip surface present in clients' shower floor.

Foster Family Home Quality Assurance [11-800-50]

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)- CG#2 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2)- Client #1's Service Plan dated 7/1/23 without the Client/POA's signature.

Maribel Nakamine, R

Compliance Manager

[Signature]

Primary Care giver

Date

Date

1/31/24

1/31/24