

# Foster Family Home - Deficiency Report

Provider ID: 1-150028

Home Name: Analyn Perez Guzman, NA

Review ID: 1-150028-14

94-150 Kupuohi Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 2/9/2024

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

§11-800-42. Client eligibility requirements. (a) To be admitted to the community care foster family home, the individual shall:

- (1) Be certified by a physician as requiring nursing facility level of care. The medicaid agency medical consultant shall certify the individual who is a participant in a federally funded medicaid program;
- (2) Voluntarily choose to enter a community care foster family home;
- (3) Have a physical examination by a physician within thirty days prior to admission or within seven days after admission;
- (4) Have a tuberculosis clearance issued within twelve months prior to admission.
  - (A) An adult protective service client may be admitted for emergency reasons without a current tuberculosis clearance, provided that the process to obtain a clearance is begun within three days after being admitted to the home;
  - (B) All tuberculosis clearances shall comply with testing procedures established by the department of health;
- (5) Be placed and provided ongoing case management services by a home and community-based case management agency;

HHM#4 was admitted without a case management agency.

Deficiency Report issued during CCFFH inspection via email on 2/9/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

# Foster Family Home - Deficiency Report

## 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
- 8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.(a)(1). Second Fingerprint check is overdue for HHM# 1, #2, and #4.

8(a)(2) APS/CAN checks were overdue for CG#1 and CG#2.  
APS/CAN was due on or before 5/12/2023 are not present in the CCFFH file.

8(c) State Name Check (eCrim) was overdue for CG# 1, CG#2. State Name Check (eCrim) was due on or before 5/21/2023 are not present in the CCFFH file.

## 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 proof that training on confidentiality policies and procedures and client privacy rights was provided to HHM#4.

# Foster Family Home - Deficiency Report

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

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

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- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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- 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.

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- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.b.4 Disclosure form is outdated for CG#1.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG# 1. CG#1 TB clearance expired, was due on/before 3/23/2023. and no new in the records.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#1 and CG#2. It was due on/before 4/25/2023. CCFFH did not have evidence of current Blood Pathogen/Infection control training for CG#1 and CG#2. It was due on/before 6/20/2022.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1 and CG#2. CG#1 requires 12 hours of in-service training, but had only zero hours attended in 2023. CG# 2 was required to have 8 hours in 2023, but had zero hours in 2023.

41.(f)(1) No current TB clearance for HHM#1, #2, #4, and #5. HHM#1 and #2 TB clearance was due on or before 3/20/2023 and no renew in the records. HHM#4 and #5 does not have any TB clearance in the records.

Foster Family Home	Client Care and Services	[11-800-43]
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- 43.(a) The home shall care for not more than two adults at any one time who are unrelated to the foster family, or if certified by the department for three beds; shall care for not more than three adults, pursuant to the requirements under section 321-481, HRS.

Comment:

43.a. CCFFH was caring for more clients that certified for. There were 3 clients in the 2 bed CCFFH. CG#1 reported that HHM#4, no relation, is receiving care from her CG#2.

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.

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- 46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a) - Last fire drill present in record was documented on 4/13/2022. No fire drill documentation present for May 2022 through January 2024.

46.(b)(2)- CG#1 and CG#2 did not have evidence of conducting a monthly fire drill within the past 12 months.

# Foster Family Home - Deficiency Report

Foster Family Home

Physical Environment

[11-800-49]

49.(b)(2) Be limited to two clients, both of whom shall consent to the arrangement; and

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Comment:

49.b.2 Client #2 does not consent to sharing a room with another client.

Foster Family Home



Records

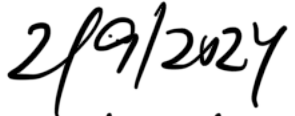
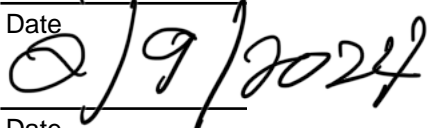
[11-800-54]

54.(c)(8) Personal inventory.

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Comment:

54(c)(8) Client# 1 did not have evidence that a personal inventory log has been initiated and/or maintained.

  
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Compliance Manager  
  
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Primary Care Giver

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