

Foster Family Home - Deficiency Report

Provider ID: 1-230020

Home Name: Angelica Vallente, CNA

Review ID: 1-230020-3

94-1064 Hiapo Street

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 2/21/2024

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: 2/21/2024).

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 evidence by CCFFH of confidentiality training completed for CG#4. No documentation provided by CCFFH.

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

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.(f)(2) Background checks

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)(8): No evidence by CCFFH of first aide training completed in past 24 months. No documentation of certificate of completion provided by CCFFH.

41.(c): No evidence by CCFFH of CG#1 completing the minimum 12 hours of annual in-service training in 2023. Documents provided by CCFFH shows only 10 hours completed.

41.(f)(1): No evidence by CCFFH of current TB clearance in the past 12 months for minor household member. No documentation provided by CCFFH.

41.(g): No evidence by CCFFH of basic caregiver skills were assessed by client #1's case management agency for CG#2, CG#3, and CG#4. No documentation provided by CCFFH.

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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 delegations were given to CG#2, CG#3, and CG#4 by client #1's case management agency. No documentation provided by CCFFH.

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;

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)(2): No documents provided by CCFFH of current service plan for client #2. Unable to review services provided to client.

54.(c)(6): No documentation by CCFFH of monthly RN visits by client #2's case management agency for 12/2023 and 1/2024.

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



Compliance Manager



Primary Care Giver

2/21/24
Date
2/21/24
Date