

Foster Family Home - Deficiency Report

Provider ID: 1-000072

Home Name: Arlene Bosas, CNA

Review ID: 1-000072-14

1585 Lualani Street

Reviewer: Ryan Nakamua

Honolulu

HI 96819

Begin Date: 3/5/2024

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: 3/5/2024).

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): Evidence from documents provided by CCFFH of lapse of criminal background check for CG#1, CG#2, CG#3, and HHM#2. Documents show lapse from 5/05/2022 to 08/03/2022 for CG#1 and CG#2 and HHM#2, 05/27/2022 to 8/31/2022 for CG#3.

8.(a)(2): Evidence from documents provided by CCFFH show lapse of APS/CAN clearance for CG#1, CG#2, CG#3, and HHM#2. Documents show lapse from 5/22/2022 to 8/16/2022 for CG#1, 05/05/2022 to 08/03/2022 for CG#2, 05/06/2022 to 8/16/2022 for CG#3, and 5/15/2022 to 08/15/202 for HHM#2.

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

16.(b)(3) Inform clients about their confidentiality practices;

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

Comment:

16.(b)(3): unable to verify if client #2 [REDACTED] informed of CCFFH's confidentiality practices. No documentation of client being informed. [REDACTED]

16.(c)(1): No documentation of client #2 or [REDACTED] authorize use or disclosure of client information.

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

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

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

Comment:

41.(b)(7): Evidence of lapse based off of documents provided by CCFFH of TB clearance for CG#3. Documents provided by CCFFH show lapse from 4/13/2023 to 10/19/2023.

41.(b)(8): No evidence by CCFFH of current completion of first aid certification for CG#3 within the past two years. No documents provided by CCFFH.

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Grievance

[11-800-45]

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

Comment:

45.(3): No evidence by CCFFH of written signed acknowledgement of grievance policy by Client #2's [REDACTED] No documentation provided by CCFFH or client's case management.

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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.

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

Comment:

46.(a): No evidence of fire drills were conducted at least once a month in the past 12 months. No documentation of fire drill conducted 02/2024.

46.(b)(2): No evidence by CCFFH of CG#3 conducted a 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.

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

Comment:

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

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

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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)(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;

Comment:

54.(c)(2): No evidence by CCFFH of service plan conducted every 6 months by client #2's case management agency. Last service plan provided by CCFFH conducted on 4/28/2023.

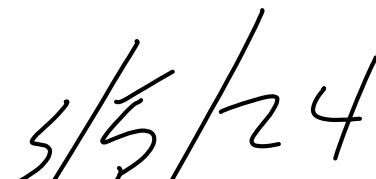
54.(c)(5): No documentation of medication administration for client #1 and client #2 since 2/27/2024.

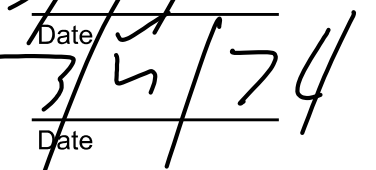
54.(c)(6): No documentation of skilled nursing daily check list since 2/27/2024.



Compliance Manager


Primary Care Giver



Date


Date