

# Foster Family Home - Deficiency Report

Provider ID: 1-230037

Home Name: Cedito L. Domingo, NA

Review ID: 1-230037-3

99-137 Ohekani Loop

Reviewer: Ryan Nakamua

Aiea HI 96701

Begin Date: 3/27/2024

## 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: 3/27/2024).

## 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 HHM#2. No documentation provided.

## 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.

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) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

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

Comment:

41.(b)(7): No evidence by CCFFH of current TB clearance for CG#5. No documentation provided by CCFFH.

41.(b)(8): No evidence by CCFFH of current certification of bloodborne pathogen and infection control training and first aid/CPR for CG#5. No documentation provided by CCFFH.

41.(c): No evidence of CG#4 completing minimum 8 hours of annual in-service training in 2023. No documentation provided by CCFFH.

41.(f)(1): No evidence by CCFFH of current TB clearance for HHM#2. No documentation provided by CCFFH.

# Foster Family Home - Deficiency Report

## 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 documentation provided by CCFFH of monthly fire drills conducted while clients reside in home. No documentation of fire drill conducted in 2/2024.

## Foster Family Home

### Medication and Nutrition

[11-800-47]

47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.

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.

Comment:

47.(b): No record of documentation of visits by case management or hospice for client #1. No documents of physician orders or assessments since client #1's admission (admission date: 10/29/2023).

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

## Foster Family Home

### Fiscal Requirements

[11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

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.

52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a)(b)(c): No evidence by CCFFH of documentation of maintaining a current monthly budget or proof of adequate resources of finances to operate CCFFH.

# Foster Family Home - Deficiency Report

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)(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): CTA unable to verify services to be provided by client #1 due to no service plan provided by CCFFH.

54.(c)(4): No documentation provided by CCFFH of client #1's emergency procedures/protocol.

54.(c)(5): No documentation of medication administration since 3/22/2024 for client #1.

54.(c)(5): Two discrepancies regarding client #2's medications. One medication's physician orders do not match order in medication administrative record and another on hand medication's dosage does not match client's medication order according to medication administration record.

54.(c)(6): No documentation of daily assisted living tasks flowsheet since 3/22/2024 for client #1.


54.(c)(6): No documentation provided by CCFFH of case management monthly visits for client #1.



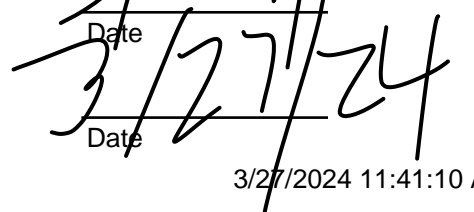
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Compliance Manager



\_\_\_\_\_  
Primary Care Giver



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Date



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