

Foster Family Home - Deficiency Report

Provider ID: 1-180043

Home Name: Charmaine Sait, RN

Review ID: 1-180043-12

94-722 Honowai Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 3/19/2024

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 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 3/19/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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.and 8.a.2. CG #1, CG#2, CG#3, HHM#1, HHM #2 and HHM #3 did not meet the 2 sets of APS, CAN, Fingerprints requirements within a 12 months period.

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 CG#2, #3, including HHM #1, #2, and #3.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(a)(2) Be a NA, an LPN, or RN;

- 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.(b)(5)(C)(i) Have a valid driver's license;

- 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.a.2. CG#3 have an expired LPN license on file.
- 41.b.4. No disclosure form present for CG# 3.
- 41.b.5 No alternate transportation plan present in record.
- 41.b.5.c.i CG#3 is missing identification in the file.
- 41.(b)(7) CCFFH did not have evidence of current TB clearance for CG#1, CG#2, CG#3, HHM# 1.
- 41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG# 3. It was due on/before 11/27/2021. CG#2 First aid is missing, none on file.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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- (3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

- (3P)(b)(2) No evidence that a 3-bed sign out sheet was in use at the CCFFH. PCG at work today and no sign out sheet present.

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 delegation present for Client # 2 for CG#2 and #3.

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3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year. CG#3 did not conduct a fire drill in the past 12 months. Last fire drill to be conducted was on 8/21/2023.

Foster Family Home

Fiscal Requirements

[11-800-52]

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.

Comment:

52.(b) - No fiscal records present for 2024. Banks statements present are outdated.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) The CCFFH had documentation of limited visiting hours/visiting restrictions. Per Federal Regulations, visiting hours cannot be restricted or limited for the client without specific reasons identified in the client's service plan which the client agrees to.

Foster Family Home

Records

[11-800-54]

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)(5) MAR was not documented daily. Sheet not completed from 3/7/2024 to 3/18/2024 for Client #1 and Client #3.

54(c)(6)) Client #1 ADL sheet was future marked in all columns to the end of current months. Client #3 ADL was not documented daily. Sheet not completed from 3/7/2024 to 3/18/2024.

Compliance Manager

Primary Care Giver

Date

Date

3/19/2024

3/19/2024