

# Foster Family Home - Deficiency Report

Provider ID: 1-230038

Home Name: Deborah O'Dell, NA

Review ID: 1-230038-3

1339 Naulu Place

Reviewer: Ryan Nakamua

Honolulu

HI 96818

Begin Date: 2/8/2024

## 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: 2/8/2024).

## Foster Family Home Background Checks [11-800-8]

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): No evidence by CCFFH of current APS/CAN clearance for CG#1 within the last 24 months. No documentation provided by CCFFH.

## 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#2. No documentation provided by CCFFH.

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## Foster Family Home

## Personnel and Staffing

[11-800-41]

- 41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.
- 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
- 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.(a)(4): No approved caregiver by CTA at home while CTA at home for inspection. HHM#1 was home watching clients alone.

41.(b)(8): No evidence by CCFFH of current bloodborne pathogen and infection control training completed for CG#1 and CG#2. No documentation provided by CCFFH.

41.(c): No evidence by CCFFH of required annual Inservice training for CG#1 and CG#2. No documentation provided by CCFFH.

41.(f)(1): No evidence by CCFFH of TB clearance within the last 12 months for HHM#1. No documentation provided by CCFFH.

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

## Foster Family Home

## 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 delegation by client #2's case management agency for CG#2. No documentation provided by CCFFH.

## 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) (b)(2): No evidence by CCFFH of monthly fire drills conducted while clients in home by any caregivers. No documentation provided by CCFFH.

# Foster Family Home - Deficiency Report

Foster Family Home

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.

Comment:

47.(c): No evidence by CCFFH of current documentation of current list of side effects of medications for client #1.

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;

54.(c)(8) Personal inventory.

Comment:

54.(c)(5): No documentation of medication administration record for client #1 since 1/23/2024 and for client #2 since 12/31/2023.

54.(c)(5): Evidence by CCFFH of discrepancy of medications being given and medication administration record. 2 medications are currently being given daily but not on medication administration record and insulin currently being held but no documentation of medication to be held.

54.(c)(6): Evidence of no documentation since 1/25/2024 of last assisted living tasks being done for client #1 and since 11/2023 and no documentation in 7/2023 for client #2.

54.(c)(8): No evidence by CCFFH of current documentation of client #1 and client #2's personal inventory completed.



Compliance Manager



Primary Care Giver

2/8/24  
Date  
2/8/24  
Date