

Foster Family Home - Deficiency Report

Provider ID: 1-180081

Home Name: Evangeline Domingo, CNA

Review ID: 1-180081-11

1140 Kamehameha IV Road

Reviewer: Ryan Nakamua

Honolulu

HI 96819

Begin Date: 3/21/2024

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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 3/21/2024).

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): No evidence by CCFFH of 2 sets of fingerprints or criminal background check for HHM#6 and CG#5. No documentation provided by CCFFH for HHM#6. 1 set of fingerprints provided for CG#5.

8.(a)(2): No evidence by CCFFH of APS/CAN check for HHM#6. 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 HHM#6. No documentation provided by CCFFH.

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.(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)(7): No evidence by CCFFH of current TB clearance for CG#2, CG#3, and CG#5. TB clearance due on 6/13/2023 for CG#2, 6/20/2023 for CG#3, and 11/24/2023 for CG#5.

41.(b)(8): No evidence by CCFFH of current CPR and first aid certification for CG#4. Documents provided by CCFFH show that first aid and CPR due 1/15/2024.

41.(g): No documentation provided by CCFFH of basic caregiver skills were checked by client #1 and client #2's case management agency for CG#6.

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3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(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) Staff: No documentation of caregiver sign-out since 05/04/2023.

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 documentation of RN delegation by client #1 and client #2's case management agency for CG#6.

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 evidence by CCFFH of monthly fire drills conducted while clients residing in home. Last documented fire drill conducted was dated 4/2023.

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;


Comment:

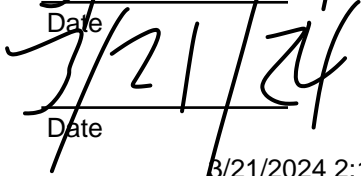
54.(c)(5): Medication discrepancy for one of client #1's over the counter medications on hand compared to physician order.



Compliance Manager


Primary Care Giver



Date


Date