

# Foster Family Home - Deficiency Report

Provider ID: 1-518730

Home Name: Gina Oen-Mitchell, NA

Review ID: 1-518730-16

91-959 Mailani Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 4/17/2024

## 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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 4/17/2024 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)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(a)(2) APS/CAN checks were lapsed for HHM#2. APS/CAN was due on or before 10/4/2022 and was completed on 3/5/2024.

8(c) State Name Check (eCrim) was lapsed for CG#1, #2, and #4 and HHM# 2. State Name Check (eCrim) was due on or before 5/25/2023 and was completed on 3/5/2024.

## 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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#4 and HHM#3.

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## Foster Family Home

## Personnel and Staffing

[11-800-41]

- 41.(a)(2) Be a NA, an LPN, or RN;
- 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)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.a.2. CG#2 have an expired CNA license on 11/30/2019. No new on file.

41.(b)(7) CCFFH did not have evidence of current TB clearance for CG# 4. CG# 4 TB clearance expired, was due on/before 7/18/2019. No new on file.

41.(b)(8) CCFFH did not have evidence of current CPR and First Aid training for CG# 2. CG# 2 CPR/AED lapsed, was due on/before 1/31/2022 and was renewed on 3/7/2023. No new First Aid training on file.

CCFFH did not have evidence of current Blood Borne Pathogen /IC training for All CGs. CG#1, #2, #4 have lapsed for BPP/IC training on 1/6/2024, attained new BPP/IC 3/16/2024. CG#3 is missing BPP/IC training.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG# 1. CG# 1 requires 12 hours of in-service training, but had only 8 hours attended in 2023.

41.(f)(1) No current in TB clearance for HHM# 2. TB clearance was missing.

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

Comment:

46.(a) - No fire drill documentation present.

46.(b)(2)- CG# 1, #2, and #4 did not have evidence of conducting a monthly fire drill within the past 12 months.

## Foster Family Home

## Physical Environment

[11-800-49]

- 49.(e) The home shall have policies regarding smoking on the property that:

Comment:

49.(e) - The CCFFH did not have evidence of a policy regarding smoking on the property.

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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. CCFFH is missing policy on visiting hours.

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) No current signature of POA/Client for service plan present for Client# 1.

54(c)(5) MAR was not documented daily. Sheet not completed from 4/15/2024 to 4/16/2024.

54(c)(6) ADL flowsheet was not documented daily. Sheet not completed from 4/8/2024 to 4/16/2024.

Compliance Manager

Primary Care Giver

Date

Date