

# Foster Family Home - Deficiency Report

Provider ID: 1-140006

Home Name: Jan Gladhar Rosario, CNA

Review ID: 1-140006-19

94-1064 A Lumi Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

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 visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 3/21/24).

6.d.1- Client #1 without an 1147 form present in chart/records. Client #3's 1147 lapsed on 3/6/22 and no current form was present in chart/records.

## 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), (2)- CG#1's Ecrim lapsed on 8/13/23 and was not renewed until 9/20/23. CG#4's APS/CAN lapsed on 9/24/23 and was not renewed until 11/3/23; Ecrim lapsed on 8/13/23 and was not renewed until 9/20/23.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#1's TB clearance lapsed on 10/5/23 and no current result was present.

## Foster Family Home Physical Environment [11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

49.(b)(2) Be limited to two clients, both of whom shall consent to the arrangement; and

Comment:

49.(a)(2)- No grab bar/portable rails near clients' toilet.

49.(b)(2)- Client #2 & Client #3 were in a shared bedroom. No evidence that clients agreed to the arrangement.

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## Foster Family Home

## Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

50.(e), (e)(2)- CCFFH with closed gate; no response at the gate when CTA pressed the gate buzzer 3 times within approximately 20 minutes of waiting at the gate.

## Foster Family Home

## Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #1, Client #2, and Client #3 with a video monitoring device in bedrooms. No written consents were present in each client's charts. Use of video monitoring device without proper consent is a violation of client's privacy rights.

## 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;

Comment:

54.(c)(2)- Client #3's Service plan dated 12/3/23 was lacking the client's/POA's signature.

Manibel Nakamine, RN 3/21/24  
Compliance Manager Date  
[Signature] 3/21/24  
Primary Care Giver Date