

Foster Family Home - Deficiency Report

Provider ID: 1-230043

Home Name: Jeffrey Nino, NA

Review ID: 1-230043-3

94-456 Ikepono Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 2/20/2024

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: 2/20/2024).

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

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)(A) When the caregiver does not have a valid driver's license, does not have access to an insured vehicle, or both, a written alternative transportation plan shall be submitted to the department for approval;

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.(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)(4): No evidence by CCFFH of substitute caregiver disclosure form completed for CG#3. No documentation provided.

41.(b)(5)(A): No evidence by CCFFH of alternate transport plan with proof of a vehicle that is insured with at minimum \$100,000 bodily damage per person and \$30,000 property damage requirement. CCFFH's alternate transport plan has CG#1 as alternate driver but no proof of current car insurance.

41.(c): No evidence by CCFFH of CG#1 completing minimum 12 hours of annual in-service training in 2023. Documents provided by CCFFH show only 8 hours were completed in 2023.

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

41.(g): No evidence by CCFFH of basic caregiver skills were reviewed by client #2's case management agency for CG#3. No documentation provided by CCFFH.

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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 was given to CG#2 for client #1. No documentation provided by CCFFH.

43.(c)(3): No evidence by CCFFH of RN delegation was given to CG#3 for client #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): No evidence by CCFFH of monthly fire drills were conducted by CCFFH while clients were residing in home. No documentation provided by CCFFH of fire drill conducted in 7/2023.

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 list of side effects for current medications for client #1 and client #2. No documentation provided by CCFFH.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1): No evidence by CCFFH of non-slip surface mat for shower area in client's bathroom.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51(a)(2): No evidence by CCFFH of current car insurance. No documentation provided by CCFFH.

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Foster Family Home

Fiscal Requirements

[11-800-52]

- 52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.
- 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.
- 52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a)(b)(c): Unable to verify CCFFH's current financial resources. No evidence by CCFFH of current monthly budget or bank statement documented of CCFFH's expenses or income. Most recent bank statement provided by CCFFH dated 6/8/2023.

Foster Family Home

Records

[11-800-54]


- 54.(c)(3) Current copies of the client's physician's orders;
- 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;

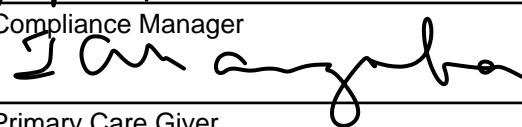
Comment:

54.(c)(3): No evidence of admission orders or history and physical for client #1. No documents provided by CCFFH.

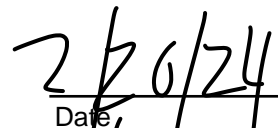
54.(c)(5): Evidence of medication dosage discrepancy of supplement medication order for client #1. Dosage of medication being administered does not match the dosage in medication administration record.

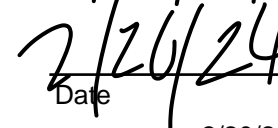
54.(c)(6): No evidence by CCFFH of daily temperature and respiration rate documented daily as according to client #1's service plan. Documentation provided by CCFFH shows only blood pressure and heart rate is being documented daily.



Compliance Manager


Primary Care Giver



Date


Date

CTA RN Compliance Manager: Ryan Nakamura RN

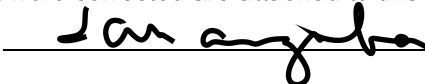
Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Jeffrey Nino
(PLEASE PRINT)

CCFFH Address: 94-456 Ikepono St Waipahu HI 96797
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(b)(4)	CCFFH placed a copy of disclosure form of CG #3 signed 3/1/2023.	2/23/24	In the future,CCFFH will have files set up like table of contents to help during on-site inspections and in meeting all of the HAR requirements.
41.(b)(5)(a)	CCFFH printed/placed updated insurance binder to CCFFH binder with required amount of bodily and property damage.	2/23/24	In the future, CCFFH checklists to go over each month and make sure all necessary documents are present/placed and updated. We will contact the insurance carrier a month prior for an updated copy of insurance to place in the binder.
41.(c)	CCFFH placed a copy of 12hours of annual inservice done 6/23/23 for CG#1 1/12/22.	3/3/24	In the future,CCFFH will have files set up like table of contents to help during on-site inspections and in meeting all of the HAR requirements.
41.(g)	CMA and CG#2 reviewed basic skills for client#1. CMA and CG#3 reviewed basic skills for client#2.	3/3/24	In the future, home will notify client's CMA that basic skills need to be reviewed upon SCG's being added to the home.
43.(c)(3)	Contacted CMA,RN delegation was given to CG#2 for client#1. Contacted CMA, RN delegation was given to CG#3 for client #2.	3/3/24	In the future, the home will notify the client's CMA. RN delegation need to be given upon SCG's being added to the home.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 3/5/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura RN

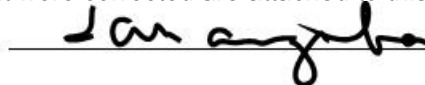
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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
46.a	Correcting the deficiency after the fact is not appropriate. Future plan is required.	3/3/24	Home will use a monthly wall calendar to put all due dates including monthly fire drills. Home will also set the schedule with an alert of fire drill date and time.
47.(c)	Downloaded all medication lists of side effects for current medication for clients #1 and #2 and placed in a patient binder. (www.drugs.com/fda-consumer/orMedline Plus	3/4/24	In the future, we will keep medication insert from the pharmacy as a resource for possible errors and drug side effects.
49.(a)(1)	Bathroom tiles were built non-slip but in addition for patient safety non-slip mat was placed for clients shower area.	3/4/24	In the future, monthly checklists will be checked so all environmental requirements meet safety.
51.(a)(2)	CCFFH printed/placed updated insurance binder to CCFFH binder.	3/4/24	Home will print checklists to identify when the requirements are due to prevent them from expiring. We will contact the insurance carrier a month prior for an updated copy of insurance to place in the binder.
52.(a)(b)(c)	Obtained copy of bank statement in January 2023 to verify current financial resources.	3/4/24	In the future, Home will keep monthly bank statement in the CCFFH chart to verify income/current financial resources, expenses.
54.(c)(3)	Copy of admission orders date Aug 2023, history and physical for client #1 dated Nov 2022 and Aug 2023 placed in the chart.	3/4/24	In the future home will have an admission checklist to go over with CMA during admission so we can have all proper required documents in place.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 3/5/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura RN

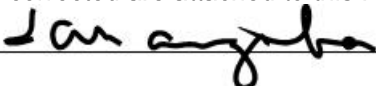
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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.(c)(5)	Medication/OTC supplement label discrepancy was corrected by clients CMA and CG#1.	3/3/24	CG#1 will look at all the medication administration records and bottles to ensure they both match every time before giving medication. Home will immediately notify the CMA, pharmacy and or doctor if they are different.
54.(c)(6)	CMA and caregivers reviewed the service plan. Complete vitals, including BP, Pulse, Respiration and Temp daily must be taken.	3/3/24	In the future, daily documentation of complete vitals will be taken and recorded. Will set up a daily/time reminder alert.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 3/5/24

CTA has reviewed all corrected items