

Foster Family Home - Deficiency Report

Provider ID: 1-180023

Home Name: Jennifer Dulay, CNA

Review ID: 1-180023-12

45-504 Koolau View Drive

Reviewer: Ryan Nakamua

Kaneohe HI 96744

Begin Date: 2/7/2024

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: 2/7/2024).

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 criminal background check completed for HHM#3. No documentation provided by CCFFH.

8.(a)(2): No evidence by CCFFH of APS/CAN check completed for HHM#3. 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 by CG#4 and HHM#3. No documentation provided by CCFFH.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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- 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)(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.(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.(b)(4): No evidence by CCFFH of CG#4 completing a psychosocial assessment or [REDACTED] caregiver disclosure form. No documents provided by CCCFFH.
- 41.(b)(7): No evidence by CCFFH of TB clearance completed within the past 12 months for CG#3. Documents provided by CCFFH show clearance dated 2022.
- 41.(b)(7): Evidence by CCFFH of lapse of TB clearance for CG#2. Documents provided by CCFFH show lapse from 2/14/2023 to 5/09/2023.
- 41.(b)(8): No evidence by CCCFFH of current First Aid/CPR/AED certification for CG#4. No documentation provided by CCFFH.
- 41.(f)(1): No evidence by CCFFH of TB clearance completed within the past 12 months for 2 HHM minors. No documentation provided.
- 41.(g)(1): No evidence by CCFFH of basic caregiver skills were checked by client #2's case management agency for CG#4. No documentation provided by CCFFH.

Foster Family Home	Medication and Nutrition	[11-800-47]
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- 47.(d) Use of physical or chemical restraints shall be:

- 47.(d)(1) By order of a physician;

Comment:

- 47.(d)(1): No evidence by CCFFH of physician order for use of bed side rails for client #1. No documentation provided.

Foster Family Home	Insurance Requirements	[11-800-51]
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- 51.(a)(2) Automobile; and

Comment:

- 51.(a)(2): Evidence of current automobile insurance does not cover minimum requirement of bodily damage protection per person of \$100,000. Current protection covers \$50,000 per person.

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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)(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:

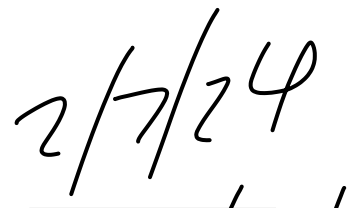
54.(c)(2): Unable to review complete service plans for client #2. Documents provided by CCFFH has only first page of service plan that contains all parties' signatures. Unable to review current services addressed in current plan of care.

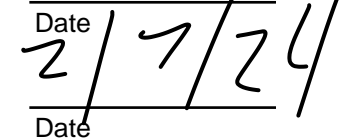
54.(c)(8): No documentation of client #1's personal inventory documented by CCFFH. Document provided by CCFFH is blank.



Compliance Manager


Primary Care Giver



Date


Date