

Foster Family Home - Deficiency Report

Provider ID: 1-560971

Home Name: Julia Balon, CNA

Review ID: 1-560971-16

94-363A Honowai Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 2/16/2024

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 re-certification inspection.

Client#2 is missing form 1147.

Deficiency Report issued during CCFFH inspection via email on 2/16/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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, CG#6, and HHM#2.

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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.b.4 Disclosure form is outdated for CG#1.

41.(f)(1) No current TB clearance for HHM# 2. TB exclusion not present for HHM#2.

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 RN delegation present for Client #2 for CG#2.

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**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(6) The CCFFH did not have evidence that fire drills had been conducted monthly and to included each CG at least once per year. CG#2, #3, #4 did not conduct a fire drill in the past 12 months. CCFFH is missing fire drills from 8/2023 to 1/2024.

Foster Family Home

Records

[11-800-54]

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)(5) MAR was not documented daily for Client #1, #2, and #3. Sheet not completed from 2/11/2024 to 2/15/24.

54(c)(6) No ADL flow sheet present for Client#1 for 02/2024.

Compliance Manager

Primary Care Giver

Date

Date