

Foster Family Home - Deficiency Report

Provider ID: 1-230022

Home Name: Kathleen Gervacio, NA

Review ID: 1-230022-4

95-1024 Malielie Street

Reviewer: Maribel Nakamine

Mililani

HI 96789

Begin Date: 3/19/2024

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days (issued on 3/19/24).

6.d.1- Client #1's 1147 form lapsed on 6/30/23.

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 APS/CAN/Fingerprinting result lapsed on 1/6/24 and no current result was present. CG#2's APS/CAN/Fingerprinting result lapsed on 11/2/23 and no current result was present.

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 confidentiality policies and procedures and client privacy rights training present for CG#2, CG#3, and HHM#2.

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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)(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.(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 Substitute Caregiver Disclosure form present for CG#2 and CG#3.
41.(b)(7)- CG#2's TB clearance did not have the required signature. No MD, APRN, or Physician's Assistant signature.
41.(b)(8)- CG#2's CPR/First Aid certification lapsed on 3/14/24 and no current certificate was present.
41.(b)(8)- CG#1's bloodborne pathogen and infection control certification lapsed on 1/27/24 and no current certificate was present. CG#3 did not have a bloodborne pathogen and infection control training certificate.
41.(g)- No basic skills checklist present for CG#2 in Client #1's chart/records.

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 delegations present for CG#2 in Client #1 and Client #2's charts/records.

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), (b)(2) - No monthly fire drills completed from October 2023 thru February 2024. CG#1, CG#2, and CG#3 without evidence of having conducted a monthly fire drill.

Foster Family Home Medication and Nutrition [11-800-47]

- 47.(d) Use of physical or chemical restraints shall be:
- 47.(d)(1) By order of a physician;

Comment:

- 47.(d), (1)- No MD order present for Client #1's use of bedrails.

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

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

Comment:

- 49.(a)(2)- No grab bars present near clients' toilets.

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Foster Family Home Insurance Requirements [11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- No auto policy statement present.

Foster Family Home Client Rights [11-800-53]

53.(b)(13) Retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other clients;

Comment:

53.(b)(13)- Client #2's closet contained items that did not belong to client.

Foster Family Home Records [11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

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.(a)(1)- No Emergency/Evacuation Map present in the CCFFH.

54.(c)(2)- Client #2's Service Plan dated 2/7/24 without the client's/POA's signature.

54.(c)(5)- Client #1's Medication Administration Record was not completed- no signatures from March 6, 2024- March 17, 2024.

Client #2- One of client's daily scheduled medication did not match the label when compared with the MD's order and client's Medication Administration Record. One daily scheduled medication was not available on hand during CCFFH inspection/survey and was not signed from March 1, 2024-March 17, 2024.

54.(c)(6)- Client #1's Daily Care Flowsheet was incomplete- no signature from 3/10/24-3/18/24.

Maribel Dakmine, RN 3/19/24
Compliance Manager Date

[Signature] 3/19/24
Primary Care Giver Date