

# Foster Family Home - Deficiency Report

Provider ID: 1-130018

Home Name: Margaret Ibus, NA

Review ID: 1-130018-13

94-1210 Hinaea Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/10/2024

## 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 CTA within 30 days of inspection (issued on 4/10/24).

## 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 HHM#3 and HHM#4.

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

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

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)(2) Background checks

Comment:

41.(b)(7)- CG#2's current TB clearance lacked the proper signature of an MD, APRN, or Physician's Assistant.

41.(f), (f)(2)- No background checks present (APS/CAN/Fingerprint) for HHM#3 and HHM#4.

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

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e)- No training present for CG#1, CG#2, and CG#3 on Client #1's nectar thickened liquids.

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

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- CCFFH with strong human urine smell in the CCFFH most notably inside Client #2's bedroom. Family Bathroom with a puddle of animal feces on the floor.

Dining table cluttered with papers, scissors, client charts, folders, etc. impinging on clients' access/space/use of dining table for meals.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(b)- No caregiver's signatures present for each dated entries in Client#1's progress/observation notes.

54.(c)(2)- Client #1's Service Plan was not updated to reflect client's current special diet needs and liquid consistency.

Maribel Nakamine, RN 4/10/24  
Compliance Manager Date

Management Dept 4/10/24  
Primary Care Giver Date