

# Foster Family Home - Deficiency Report

Provider ID: 1-140041

Home Name: Maria Concepcion Ped, NA

Review ID: 1-140041-16

94-264 Puamano Place

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 4/15/2024

## 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: 4/15/2024).

## 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;

Comment:

8.(a)(1): Evidence of lapse of ecrim background check for CG#1, CG#2, CG#3, and CG#4. Ecrim due for CG#1, CG#2, and CG#3 on 10/19/2023 and completed 3/08/2024. Ecrim due for CG#4 on 10/19/2023 and completed on 4/01/2024.

8.(a)(1): No documentation provided by CCFFH of two sets of fingerprints for HHM#2 and HHM#3. CG#21 disclosed that both HHM lived at home since approximately 2018. Only documentation provided by CCFFH show that 1 set of fingerprints completed on 4/12/2024.

## 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 documentation provided by CCFFH of confidentiality training completed for all substitute caregivers and household members except CG#2.

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

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

Comment:

41.(b)(7): Lapse of TB clearance based on documents provided by CCFFH for CG#1, CG#2, and CG#4. TB clearance for CG#1 due 11/14/2022 and was completed 3/08/2024. CG#2 was due 11/19/2022 and completed 3/08/2024. CG#3 was due 11/19/2022 and completed 3/08/2024. CG#4 was due 11/19/2022 and completed 4/01/2024.

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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 provided by CCFFH of RN delegations given by client #1's case management agency for oral suctioning and blood glucose monitoring to any caregivers. No documentation provided.

43.(c)(3): No evidence provided by CCFFH of RN delegations given by client #2's case management agency for O2 administration.

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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 documentation provided of physician order of okay to use bed side rails for client #1.

Foster Family Home

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)(5) Medication schedule checklist;

54.(c)(8) Personal inventory.


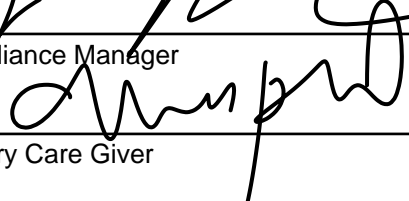
Comment:

54.(c)(2): No signature documented by client #2 or responsible party of client's service plans since 6/27/2022's service plan.

54.(c)(2): No documentation in client #1's service plan addressing weekly blood glucose monitoring.

54.(c)(5): Discrepancy noted in one medication on hand compared to client #1's medication administrative record.

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

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date