

# Foster Family Home - Deficiency Report

Provider ID: 1-180038

Home Name: Maria Cristine Arzadon, CNA

Review ID: 1-180038-12

1438 Nanakai Street

Reviewer: Ryan Nakamua

Pearl City

HI 96782

Begin Date: 3/13/2024

## 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: 3/13/2024).

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

41.(b)(5)(A) When the caregiver does not have a valid driver's license, does not have access to an insured vehicle, or both, a written alternative transportation plan shall be submitted to the department for approval;

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

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

Comment:

41.(b)(5): No evidence by CCFFH of CG#1's car insurance meets minimum requirement of \$100,000 bodily damage per person. Document provided by CCFFH shows insurance only covers \$50,000 per person.

41.(b)(5)(A): no evidence by CCFFH of alternative transportation plan for CG#2 and CG#3. No documentation provided.

41.(b)(8): No evidence by CCFFH of bloodborne pathogen and infection control training completed in the past 12 months for CG#1 and CG#3. No documentation provided. Repeat violation.

41.(c): No evidence by CCFFH of CG#1, CG#2, CG#3 obtain 12 hours of annual in-service training last year or 24 hours in the past 2 years. Documents provided by CCFFH show CG#1 met 5 hours in 2022 and none in 2023; CG#2 met 1.75 hours in 2022 and none in 2023; CG#3 met 9.5 hours in the past 2 years. Repeat violation.

41.(f)(1): No evidence by CCFFH of TB clearance in the past 12 months for HHM#3. Most recent document provided by CCFFH shows TB clearance dated 4/12/2022.

# Foster Family Home - Deficiency Report

## 3 Person Staffing

## 3 Person Staffing Requirements

## (3P) Staff

- (3P)(a)(5) Staff Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months, per 321-483(b)(4)(B) HRS.
- (3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(a)(5) Staff: No evidence by CCFFH of CG#1, CG#2, CG#3 obtain 12 hours of annual in-service training last year or 24 hours in the past 2 years. Documents provided by CCFFH show CG#1 met 5 hours in 2022 and none in 2023; CG#2 met 1.75 hours in 2022 and none in 2023; CG#3 met 9.5 hours in the past 2 years. Repeat violation.

(3P)(b)(2) Staff: No evidence by CCFFH of updated caregiver sign-out sheet. No documentation provided. Repeat Violation.

## 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.

Comment:

46.(a): No evidence by CCFFH of monthly fire drills conducted in the past 12 months. Most recent documentation provided by CCFFH of a fire drill conducted is dated 10/23/2022.

## 3 Person Fire Safety, Natural Disaster

## 3 Person Fire Safety

## (3P) Fire

- (3P)(b)(1) Fire shall be conducted monthly
- (3P)(b)(2) Fire shall be held at different times of the day, evening, and night
- (3P)(b)(3) Fire shall be held under varying conditions, e.g., eating, visiting, bath times, etc.
- (3P)(b)(4) Fire shall include testing of smoke detectors
- (3P)(b)(5) Fire shall be documented in a log with the date and time of each drill, the time it took to complete the evacuation, and names of participants
- (3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(2)(3)(4)(5)(6) Fire: No evidence by CCFFH of monthly fire drills conducted in the past 12 months. Most recent documentation provided by CCFFH of a fire drill conducted is dated 10/23/2022.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

47.(d) Use of physical or chemical restraints shall be:

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

Comment:

47.(c): No evidence by CCFFH of list side effects of current medications for client #1 and client #2. No documentation provided.

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

## 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;

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;

54.(c)(8) Personal inventory.

Comment:

54.(b): No evidence by CCFFH of maintaining progress notes of client #1 and client #2's events or health status. No documentation provided by CCFFH.

54.(c)(2): No signature by Client #3 or POA of 9/2023 service plan.

54.(c)(5): No evidence by CCFFH of documentation of medication administration for all clients. No documentation for client #1 since 2/21/2024. No documentation for client #2 since 2/21/2024 as well as no documentation from 12/26/2023 to 12/31/2023 and no documentation noted for whole month of 3/2023. No documentation for client #3 since 2/12/2024 as well as the last 10-15 days of every month since last recertification. Repeat violation.


54.(c)(5): Evidence of medications on in supply during visit for all clients. 1 medication missing for client #1; 2 medications not on hand for client #2; 1 medication on on hand for client #3.

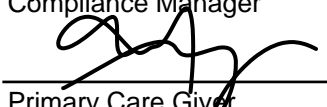
54.(c)(6): No evidence by CCFFH of documentation of daily vital signs for client #1. Documents provided by CCFFH show only blood pressure and heart rate were documented daily.

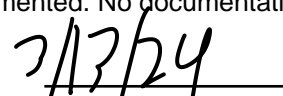
54.(c)(6): No evidence of daily documentation of ADL flowsheets for all clients. No documentation for client #1 since 2/21/2024. No documentation for client #2 since 2/21/2024 as well as no documentation from 12/26/2023 to 12/31/2023 and no documentation noted for whole month of 3/2023. No documentation for client #3 since 2/12/2024 as well as the last 10-15 days of every month since last recertification. Repeat violation.

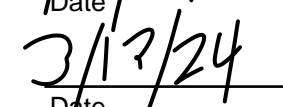
54.(c)(6): No evidence by CCFFH of RN monthly visits by client #1 and client #2's case management agency for months of 2/2024 and 11/2023. No documentation provided.

54.(c)(8): No evidence of personal belongings for client #1 and client #2 were documented. No documentation provided.

  
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Compliance Manager

  
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Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date