

Foster Family Home - Deficiency Report

Provider ID: 1-230044

Home Name: Maritel Antonio, CNA

Review ID: 1-230044-3

94-1190 Lumikula Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/4/2024

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 of inspection (issued on 4/4/24).

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

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

Comment:

41.(b)(8)- CG#7's blood borne pathogen and infection control training lapsed on 3/8/24 and no current certificate was present.

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#5 without evidence of having conducted a monthly fire drill for the CCFFH.

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

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

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

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

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

Comment:

49.(a)(1)- No non-slip surface present on shower floor.

49.(a)(2)- No grab bars in bath and toilet.

49.(a)(4)- Emergency exit door near the CCFFH's living room was blocked with furniture and toys. A wheelchair/walker would be unable to pass through safely in the event of an emergency evacuation.

49.(c)(3)- Emergency exit door near the living room was very difficult to open when checked.

Foster Family Home - Deficiency Report

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#3 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- CCFFH with video camera surveillances in the common living area of the CCFFH (living room). No written consent present from Client #2/POA. Use of video camera is a violation of client's privacy rights without proper consent.

Foster Family Home


Records

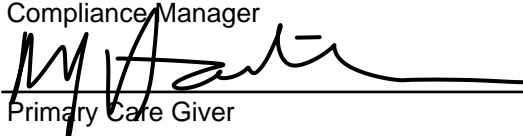
[11-800-54]

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

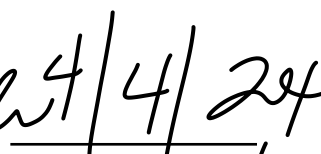
Comment:

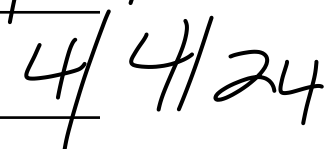
54.(c)(2)- Client #1's Service Plan was not updated to reflect the actual services/practice.



Compliance Manager


Primary Care Giver



Date


Date