

# Foster Family Home - Deficiency Report

Provider ID: 1-160055

Home Name: May Simeon, CNA

Review ID: 1-160055-14

94-687 Lahaole Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 2/7/2024

## 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 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 2/7/24).

6.d.1- Client #1 without an 1147 present in the client's chart/records.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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

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.(a)(3)- No Job Experience form present for CG#3.

41.(b)(5)- CG#1's ID/Driver's License expired on 5/12/20 and no current ID present. CG#3 without an ID present.

41.(b)(7)- CG#3's TB clearance lapsed on 2/8/23 and no current result was present.

41.(g)- No basic skills checks present for CG#1, CG#2, and CG#3 in Client #1's chart/records.

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(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)(b)(2) Staff- No evidence that a 3-bed Sign In/Out was in use at the CCFFH.

## 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#1, CG#2, and CG#3 in Client #1's chart/records.

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## 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.(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.(c)- No list of medications' side effects present in Client #1's chart/records.

47.(e)- No training present for CG#1, CG#2, and CG#3 on Client #1's specialized diet consistency.

## 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)- No hot water present during CCFFH inspection. Per CG#2, CCFFH's water heater was broken.

## 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#2 and CG#3 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

## Foster Family Home

## Fiscal Requirements

[11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b)- No fiscal records present in the CCFFH for 2023.

## Foster Family Home

## Records

[11-800-54]

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.(c)(5)- Client #1 and Client #2's Medication Administration Records (MARs) were last signed on 2/6/24 am; pm doses lacked signatures. One of Client #2's daily scheduled medication was not available during CCFFH survey and per CG#2, the last dose was given on 2/5/24. Client #3's pm doses of scheduled medication was last signed on 2/5/24; am doses were last signed on 2/6/24.

54.(c)(6)- No Monthly RN Visit Summary present from January 2023- August 2023 for Client #1.

Maribel Nakasine, RN 2/7/24  
Compliance Manager Date  
Henrietta 2/7/24  
Primary Care Giver Date