

# Foster Family Home - Deficiency Report

Provider ID: 1-622276

Home Name: Melanie Viernes, CNA

Review ID: 1-622276-15

94-1161 Waipahu Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 4/19/2024

## 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: 4/19/2024).

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(3) Inform clients about their confidentiality practices;

16.(c) Information about an applicant or recipient shall not be used or disclosed unless;

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

Comment:

16.(b)(3): No documentation of Client #1/POA's signature of being informed of CCFFH's confidentiality practices. No signatures noted in CCFFH policy.

16.(c)(1): No documentation of Client #1/POA's signature of authorizing use or disclosure of client #1's information.

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

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

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.(f)(1): No documentation provided by CCFFH of current TB clearance for 3 minor household members.

41.(g): No documentation of caregiver skills were checked by client #1's case management RN for CG#2, CG#3, CG#4, and CG#5.

## 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 documentation provided by CCFFH of caregiver log in and out for CCFFH. Last documented sign-out was dated 5/5/2023.

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**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 documentation provided by CCFFH of RN delegations were given to CG#5 for client #2.

**Foster Family Home      Grievance      [11-800-45]**

45.(1)      Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

45.(2)      Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

45.(3)      Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1)(2)(3): No signature documented of client #1/POA being informed of grievance policy or provided written copy.

**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.

Comment:

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

**Foster Family Home      Client Account      [11-800-48]**

48.(a)      The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a): No documentation provided by CCFFH of who is responsible for client #1's personal finances.

**Foster Family Home      Records      [11-800-54]**

54.(b)(1)      Permit effective professional review by the case management agency, and the department; and

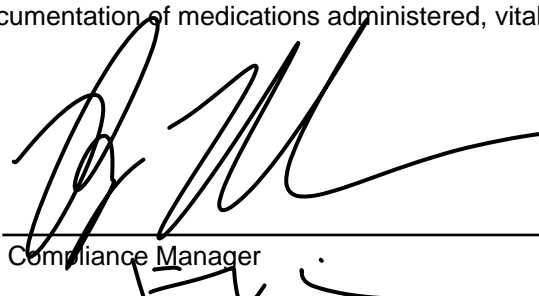
54.(c)(5)      Medication schedule checklist;

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.(b)(1): Client #2's chart in disarray. Documents dating since 5/2023 not located in client's chart binder and unorganized.

54.(c)(5)(6): No documentation of medications administered, vital signs, and ADL flow sheets for client #2 since 4/10/2024.

  
\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

4/19/24  
\_\_\_\_\_  
Date  
4/19/24  
\_\_\_\_\_  
Date