Foster Family Home - Deficiency Report

Provider ID: 1-210045

Home Name: Michael Britten, CNA **Review ID:** 1-210045-7

91-2026 Kamakana Street Reviewer: Maribel Nakamine

Ewa Beach HI 96706 Begin Date: 2/23/2024

[11-800-6] **Foster Family Home Required Certificate**

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 (issued on 2/23/24).

6.d.1- No 1147 form present in Client #2's chart/records.

Foster Family Home Background Checks [11-800-8] Be subject to criminal history record checks in accordance with section 846-2.7, HRS; 8.(a)(1) 8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(a)(1), (2)- CG#1's APS/CAN lapsed on 6/1/23 and Ecrim lapsed on 5/11/23; CG#2's APS/CAN lapsed on 12/22/22 AND Ecrim lapsed on 1/22/23; CG#9's APS/CAN/Fingerprint lapsed on 10/18/23; all were without current results. CG#10 without the 2nd set of APS/CAN/Fingerprint.

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:

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for CG#11.

| Foster Family I | lome Personnel and Staffing | [11-800-41] |
|-----------------|--|-------------|
| 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.(b)(7)- CG#2's TB clearance lapsed on 4/27/23 and no current result was present.
- 41.(g)- No basic skills checks present/completed for CG#11 in Client #1's chart/records.

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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 Sign Out/In sheet was in use at the CCFFH. **Foster Family Home** Client Care and Services [11-800-43] Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may 43.(c)(3) delegate client care and services as provided in chapter 16-89-100. Comment: 43.(c)(3)- CG#9 and CG#11 were without the RN delegations in Client #1 and Client #3's chart/records. CG#9, CG#10, and CG#11 were also without the RN delegations in Client #2's chart/records. 3 Person Fire Safety, 3 Person Fire Safety (3P) Fire **Natural Disaster** (3P)(b)(1) Fire shall be conducted monthly (3P)(b)(6) Fire shall include all SCGs at least once per year Comment: (3P)(b)(1), (b)(6)Fire- No January 2024 monthly fire drill completed; CG#2, CG#9, and CG#10 were without evidence of having conducted a monthly fire drill for the past 12 months. **Foster Family Home Quality Assurance** [11-800-50] The home shall have documented internal emergency management policies and procedures for emergency 50.(a) situations that may affect the client, such as but not limited to: Comment: 50.(a)- CG#2, CG#9, CG#10, and CG#11 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan. **Foster Family Home Client Rights** [11-800-53] Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including 53.(b)(9) privacy in treatment and in care of the client's personal needs; Comment: 53.(b)(9)- No locks in the inside for Client #1, Client #2, and Client #3's bedroom doorknobs. Under My Choice My Way, clients should have/be able to lock their bedrooms for clients' privacy rights. **Foster Family Home** [11-800-54] Records Current copies of the client's physician's orders; 54.(c)(3) 54.(c)(5) Medication schedule checklist; Comment:

54.(c)(3)- No MD order for one of Client#2's daily scheduled medications.

54.(c)(5)- one of Client #2's daily scheduled medication was not written in client's Medication Administration Record (MAR)

for the month of February 2024.

Compliance Manager

Primary Care Giver

Date