

Foster Family Home - Deficiency Report

Provider ID: 1-190036

Home Name: Mitch Cadiz, RN

Review ID: 1-190036-10

1048 B Horner Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 3/8/2024

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 emailed to CG#1 with plan of correction due to CTA within 30 days (issued on 3/9/24).

6.d.1- Client #2's 1147 lapsed on 12/25/23 and no current document was present in client's chart/records.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1's APS/CAN lapsed on 6/10/23 and was not renewed until 2/21/24; Ecrim lapsed on 5/22/23 and renewed 1/30/24. CG#2's APS/CAN lapsed on 5/28/23 and was not renewed until 2/21/24; Ecrim lapsed on 5/22/23 and was not renewed until 1/30/24. CG33's APS/CAN lapsed on 6/10/23 and was not renewed until 2/6/24; Ecrim lapsed on 5/22/23 and was not renewed until 1/30/24. HHM#3's APS/CAN lapsed on 6/10/23 and was not renewed until 2/5/24 ; Ecrim lapsed on 5/22/23 and was not renewed until 1/30/24.

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

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

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

Comment:

41.(b)(7)- CG#3's TB clearance result lapsed on 6/20/23 and no current result was present.

41.(b)(8)- CG#2's CPR/First Aid certification training lapsed on 5/12/23 and CG#3's lapsed on 12/10/23. Both were without the current certifications present.

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;

Comment:

49.(a)(1)- No non-slip surface present in the clients' bathroom shower floor.

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Foster Family Home **Quality Assurance** **[11-800-50]**

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

50.(e)(1)- CCFFH binder was in disarray which made it difficult for compliance manager to review records/documents.

Foster Family Home **Insurance Requirements** **[11-800-51]**

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- CCFFH's automobile policy lapsed on 4/15/23 and no current document was present in the CCFFH binder.

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)- Client #1 and Client #2 with video monitoring devices inside bedrooms. No written authorizations present from clients/POAs. Use of video monitoring devices without proper consent is a violation of clients' privacy rights.

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 without a March 2024 Medication Administration Record (MAR). MAR was last completed/signed on 2/21/24. Three medications were not transcribed in client's MAR.

Client #2- one of client's daily scheduled medication was recorded twice in the client's MAR with 2 different conflicting dosages and both were signed as given. One daily medication did not match the bottle's label, MAR, and MD's order.

54.(c)(6)- Client #1's Daily Care Flowsheet (ADLs) was last completed on 2/21/24 and client's daily vital signs were last recorded/obtained on 2/21/24. Client #2's Daily Care Flowsheet was last completed on 3/4/24.

54.(c)(6)- Client #1's monthly RN visit summary for the months of November 2023, December 2023, and January 2024 were missing in client's chart/records.

Maikel Nakamine, RN

Compliance Manager

[Signature]

Primary Care Giver

3/9/24

Date

3/9/24

Date