

Foster Family Home - Deficiency Report

Provider ID: 1-200034

Home Name: Monaliza Patacsil, CNA

Review ID: 1-200034-10

91-1728 Ala Loa Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 4/23/2024

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 re-certification inspection.

CCFFH is applying to increase from 2 beds to 3 beds.

Client #1 is missing Form 1147.

Deficiency Report issued during CCFFH inspection via email on 4/24/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(a)(2) APS/CAN checks were lapsed for CG#4.
APS/CAN was due on or before 9/27/2023 and was completed on 3/20/2024.

8(c) State Name Check (eCrim) was lapsed for CG#4. State Name Check (eCrim) was due on or before 9/27/2023 and was completed on 3/20/2024.

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:

16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#2.

Foster Family Home - Deficiency Report

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

- 41.(a)(2) Be a NA, an LPN, or RN;

- 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)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

- 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.

- 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)(2) CG#3 and CG#4 are not approved to work for 3 beds CCFFH.
- 41(a)(3) No job experience form present for CG#2, #3, and #4.
- 41.b.4 No disclosure form present for CG#2.
- 41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2. CG# 2 TB clearance expired on 7/7/2023 and no new in file.
- 41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#2. It was due on/before 10/17/2023 and no new in file.
- 41.g. No basic skills check present in record. CG# 2 and CG#4 is missing from Client #1. CG#2 and CG#3 is missing from Client #2.

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 delegation present for Client # 2 for CG#2 and CG#3.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
--	----------------------	-----------

- (3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

- (3P)(b)(6) The CCFFH did not have evidence that fire drills had been conducted monthly by each CG at least once per year. CG#2 did not conduct a fire drill in the past 12 months.

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) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. CG#2 did not received the policy training and did not sign the form.

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) No current service plan present for Client# 1. Last one in record is dated 12/12/2022. Missing signature from the POA/client on the plan.

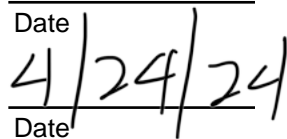
No current signature by the POA for service plan present for Client#2.



Compliance Manager


Primary Care Giver



Date


Date