

Foster Family Home - Deficiency Report

Provider ID: 1-100079

Home Name: Regie Cacayorin, CNA

Review ID: 1-100079-8

94-1039 Hohola Street

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 4/22/2024

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 4/22/2024).

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.

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): No documentation of current TB clearance for CG#6. Last TB clearance was dated 11/29/2022 and was due 12/29/2023.

41.(b)(8): No documentation of current CPR and First Aid certification for CG#3. Most recent certificate expired 3/2024.

41.(b)(8): Evidence of lapse of first aid/CPR certificate for CG#2. CPR/First certificate expired on 1/10/2024 and renewed 2/2/2024.

41.(b)(8): No documentation of current bloodborne pathogen and infection control training for CG#7. Based on documents provided, training was due by 1/5/2024.

41.(g): No documentation provided by CCFFH of basic skills were checked for CG#2 and CG#6 by client #1's case management agency.

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 delegation given by client #1's case management agency for CG#2 and CG#6.

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Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): No documentation of fire drills conducted at CCFFH monthly while clients are residing (since 10/2023). Documents provided show that fire drills were conducted only on 2/2024 and 3/2024.

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Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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;

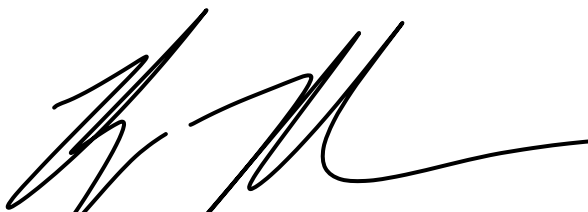
54.(c)(8) Personal inventory.

Comment:

54.(c)(2): No documentation in client #2's current service plan addressing client's inappropriate behaviors toward caregivers.

54.(c)(6): No documentation provided by CCFFH of client #1 and #2's vital signs as addressed in service plans. Client #1 to be checked weekly and client #2's temperature, heart rate, and respirations to be checked weekly and blood pressure checked prior to BP medications to be given.

54.(c)(8): No documentation provided by CCFFH of client #1's personal belongings.



Compliance Manager



Primary Care Giver

4/22/24
Date
4/22/24
Date