

# Foster Family Home - Deficiency Report

Provider ID: 1-190050

Home Name: Roselyn Molina, CNA

Review ID: 1-190050-13

4043 Keaka Drive

Reviewer: Ryan Nakamua

Honolulu

HI 96818

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 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: 3/8/2024).

## 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.

Comment:

41.(b)(7): Documentation by CCFFH of TB clearance signed by nurse and not physician/APRN/PA for CG#2.

41.(b)(8): No evidence by CCFFH of bloodborne pathogen and infection control training completed in the past 12 months for CG#1 and CG#2. No documentation provided by CCFFH.

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(a)(5) Staff Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months, per 321-483(b)(4)(B) HRS.

(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)(a)(5) Staff: No evidence by CCFFH of documentation provided by CCFFH of minimum 12 hours of annual in-service training for CG#1 and CG#2. No documentation provided by CCFFH.

(3P)(b)(2) Staff: No documentation of caregiver sign out sheet being used. No documents provided by CCFFH.

## Foster Family Home 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 evidence by CCFFH of fire drills conducted at least once a month while clients reside in the home. Last documented fire drill was on 02/2024.

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## 3 Person Fire Safety, Natural Disaster

## 3 Person Fire Safety

## (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

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

(3P)(d) Fire All caregivers and designated individuals must have been trained to implement appropriate emergency procedures in the event of a fire, natural disaster or other emergency.

Comment:

(3P)(b)(1)(6)(d) Fire: No evidence by CCFFH of fire drills conducted at least once a month while clients reside in the home. Last documented fire drill was on 02/2023.

## 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): No evidence by CCFFH of written consent by client/client representative for use of camera for client #2's bedroom. No documentation provided by CCFFH.

## Foster Family Home

## Records

## [11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

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

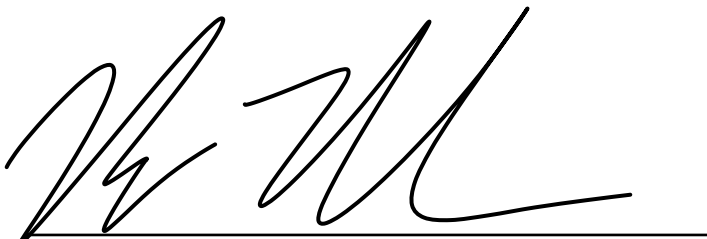
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(b): No evidence by CCFFH of maintaining notes of client events or health status changes for all clients. Last documentation provided by CCFFH for client #1 dated 2/22/2022; 5/31/2023 for client #2; 8/2/2022 for client #3.

54.(c)(5): Evidence by CCFFH of documentation of medications prior to be scheduled to be given. CCFFH documented that evening medications were administered well before time to be given.

54.(c)(6): No evidence by CCFFH of RN monthly visits by client #1's case management agency on months of 2/2024, 1/2024, 09/2023, 08/2023, 07/2023. No documentation provided by CCFFH.



Compliance Manager



Primary Care Giver



Date

Date