

Foster Family Home - Deficiency Report

Provider ID: 4-100057

Home Name: Sally Bermudez, CNA

Review ID: 4-100057-18

679 Maika Place

Reviewer: Terri Van Houten

Wailuku

HI 96793

Begin Date: 3/6/2024

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 by 4/6/24.

42. The CCFFH did not have evidence of current 1147 forms on file for client #2 and #3. No 1147 was present in the file for client #2 and the 1147 on file for client #3 expired 12/2023.

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) - CCFFH had lapses on state name checks for CG#1, CG#5, and HHM#4. CG#1 and HHM#4: eCrim was due 6/22/23 and was completed on 12/5/23. CG#5- eCrim was due 6/23/23 and was completed on 12/6/23. HHM#2 did not have evidence of two consecutive fingerprints. One set of fingerprints were on file from 4/18/23 only.

8.(a)(2) - CCFFH did not have evidence of a current APS/CAN on file. Results on file expired 7/20/23.

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) - CCFFH did not have evidence that HHM #2, #3, #4, #5, #6 had received confidentiality training.

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Personnel and Staffing

[11-800-41]

- 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)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.
- 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)(4) - CCFFH did not have evidence of a current CG disclosure on file for CG#1. Disclosure on file did not reflect the additional upstairs HHMs.

41.(b)(5) - CG#4 was not included in the CCFFH's alternate transportation plan.

41.(g) - The CCFFH did not have evidence that a basic skills check was completed for CG#4 for client #1, #2, and #3

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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) - The CCFFH did not have evidence that CG#4 had received RN delegations for client #1, #2, or #3.

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Medication and Nutrition

[11-800-47]

- 47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.
- 47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(b),47.(c) - The CCFFH did not have evidence that the medications were being monitored regularly for client #1. The CCFFH did not have a list of side effects for the medications for client #1.

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Client Account

[11-800-48]

- 48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a) - The CCFFH did not have evidence of client personal funds log for client #2, nor was it designated who was responsible for the client's personal needs allowance.

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Physical Environment

[11-800-49]

- 49.(e) The home shall have policies regarding smoking on the property that:

Comment:

49.(e) - The CCFFH did not have evidence of a smoking policy. Client #3 is permitted to smoke at the CCFFH, and the client's room smelled strongly of cigarettes.

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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 of an emergency management plan on file.

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Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - CG#4 was not included on the CCFFH liability policy.

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Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) - The CCFFH did not have evidence of a visitation policy on file.

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Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

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

54.(c)(3) Current copies of the client's physician's orders;

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

Comment:

54.(a)(1) - CCFFH did not have evidence that an evacuation map was posted and available. CG present indicated that it had fallen off the wall.

54.(c)(2) - The interventions for client #2 client #3 and did not match the service plan. The client's service plans indicated vital signs were to be checked daily. CCFFH was checking vital signs weekly for each client.

54.(c)(3) - The CCFFH did not have evidence of current physician orders for client #1.

54.(c)(5) - There was evidence of medication discrepancies for all clients at the CCFFH.


Client #1 - The March MAR did not include Folic Acid. The bottle of Fluvoxamine was empty and was last filled on 10/2/23 with 90 tablets. Unable to verify when last dose was administered, March MAR indicated that last dose was given on 3/5/24.


Client #2 - The last documentation on the March MAR was from 3/3/24. Client had an order for HCTZ daily that was not included on the March MAR.

Client #3 - The last documentation on the March MAR was from 3/4/24. The client had an order for a medication based on blood pressure parameters, but vital signs were documented weekly only.


Compliance Manager


Primary Care Giver


Date


Date