

Foster Family Home - Deficiency Report

Provider ID: 1-210060

Home Name: Serge Perez, CNA

Review ID: 1-210060-9

1863 Hookupa Street

Reviewer: Ryan Nakamua

Pearl City HI 96782

Begin Date: 4/8/2024

Foster Family Home	Required Certificate	[11-800-6]
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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.

CTA emailed report to CCFFH on 4/11/2024.

6.(d)(1): No documentation provided by CCFFH of current 1147 assessment for client #3.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(3) Inform clients about their confidentiality practices;

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.

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

Comment:

16.(b)(3): No documentation provided by CCFFH of client #1 being informed of CCFFH's confidentiality practices.

16.(b)(5): No documentation provided by CCFFH of confidentiality training completed by CG#5.

16.(c)(1): No documentation provided by CCFFH of client #1's consent to disclose client's information.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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- 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.(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)(4): No evidence of updated disclosure form completed with new address and change of household members residing at CCFFH.
- 41.(b)(5): CG#1's car insurance does not meet minimum requirement of bodily injury damage coverage of at least \$100,000 per person. CG#1 is also primary driver for alternate transportation plan.
- 41.(b)(8): No documentation provided by CCFFH of first aid training completed by CG#5.
- 41.(g): No documentation provided by CCFFH of basic caregiver skills were checked by client #1 and #2's case management agency for CG#5.

Foster Family Home	Client Care and Services	[11-800-43]
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- 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 all RN delegations by client #2, and #3's case management agency for CG#5.

Foster Family Home	Grievance	[11-800-45]
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- 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;
- 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and
- 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

- 45.(1)(2)(3): No documentation provided by CCFFH of client #1 receive/informed of grievance policies and procedures.

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Medication and Nutrition

[11-800-47]

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.(c): No documentation provided by CCFFH of list of side effects of client #1, #2, #3's current medications.

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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): No documentation provided by CCFFH of who is responsible with client #1's personal funds.

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Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a): No evidence by CCFFH of client #1 being informed of their client rights. No documentation provided.

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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)(1) Client's vital information;

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

Comment:

54.(b): No documentation provided by CCFFH of progress notes for client #1 since client's admission.

54.(c)(1): Face sheet of client #2 provided by CCFFH is outdated stating that client is private pay despite CG#1 stating that client is Medicaid. CTA able to confirm with client's case management that client is Medicaid paying.

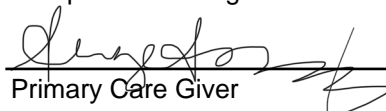
54.(c)(2): No signature by client #3 or responsible party for service plan dated 1/23/2024 and 7/25/2023.

54.(c)(5): Discrepancy noted for client #2 regarding 1 medication dose on hand not matching to order presented in medication administrative record (MAR).

54.(c)(6): No documentation provided by CCFFH of ADL flowsheets or vital signs for client #1 since client's admission.



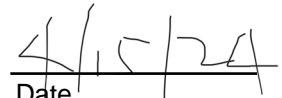
Compliance Manager



Primary Care Giver



Date



Date