

Foster Family Home - Deficiency Report

Provider ID: 1-100090

Home Name: Aleli Daligdig, RN

Review ID: 1-100090-15

94-605 Palai 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 report given to CCFFH (sent on 4/24/2024).

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;

Comment:

8.(a)(1): No documentation of 2 sets of fingerprints background checks within one year for CG#4. 1 set of fingerprints completed on 2/26/2024. CG#4 had an appointment on 6/14/2023 but was canceled.

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.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

41.(b)(7): No documentation provided by CCFFH of current TB clearance for CG#2 and CG#4. Based on documentation provided, CG#2's TB was due 6/29/2023 and CG#4's TB was due 9/08/2023.

41.(b)(7): Evidence of lapse of TB clearance for CG#3 based on documents provided by CCFFH. TB clearance was due 8/14/2023 and was completed 9/11/2023.

41.(b)(8): No documentation provided by CCFFH of First Aid certification for CG#2. Repeat violation.

41.(j)(2): CG#3 was found sleeping in outside garage with TV on while one client was in their bedroom when CTA arrived. During inspection, client was yelling and crying loudly stating he is in pain (from an injury earlier that morning per CG#3 and was confirmed to be reported to client's case management agency) and CG#3 would stay outside in garage with the door shut. During further review, there is no evidence that client could be heard from garage with TV on. CTA discussed with situation/concerns with CG and he remained inside of the home taking care of client for remainder of inspection.

Foster Family Home Medication and Nutrition [11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No documentation of physician order for use of bed side rails for client #1.

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Fiscal Requirements

[11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52(b): Monthly budget provided by CCFFH last updated on 12/2023.

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Records

[11-800-54]

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;

No

54.(c)(8) Personal inventory.

Comment:

54.(c)(5): No documentation of medication administration of current month for client #1 and client #2. Repeat violation.


54.(c)(5): Discrepancy noted for 1 medication on hand compared to what is ordered according to client #1's medication administration record (MAR).

54.(c)(6): No documentation of weekly vital signs for client #1 and client #2 as addressed in clients' current service plans.

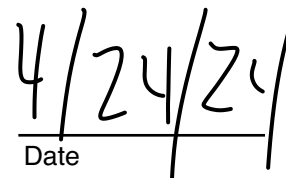
54.(c)(8): No documentation of client #2's personal belongings inventory.



Compliance Manager



Primary Care Giver



Date

5/4/2024

Date