

Foster Family Home - Deficiency Report

Provider ID: 4-220059

Home Name: Angelina Alba, CNA

Review ID: 4-220059-5

808 Poai Place

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 5/2/2024

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 6/2/24.

CG#1 applied to increase to a 3 bed CCFFH. CG#2 and #5 will need to meet requirements to work in a 3 bed CCFFH by the date of the renewal certificate or will need to be removed as CGs from the CCFFH at that time.

42. The CCFFH did not have evidence of a 1147 for client #1 since admission.

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), 8.(a)(2) - The CCFFH did not have evidence of fingerprints, APS/CAN for HHM #4 and 5 who are tenants residing in the back portion of the CCFFH.

Foster Family Home Information Confidentiality [11-800-16]

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.

Comment:

16.(b)(3) - The CCFFH did not have evidence that the confidentiality practices were told to the Client/POA for client #1.

16.(b)(5) - The CCFFH did not have evidence that HHM#4 and 5 had received training on confidentiality policies and procedures.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and
- 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)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

- 41.(a)(3) - CG#2 and #5 did not have evidence of work experience in their file.
- 41.(b)(4) - CG#1 did not have a current disclosure form on file. The CCFFH has a small rental unit located at the back of the structure that has an internal doorway connection. Two adults and two minors are currently residing in the rental space.
- 41.(b)(5) - CG#4 and #5 were not included in the CCFFH's alternate transportation plan.
- 41.(b)(7) - CG#4 did not have a current TB clearance on file. Results on file expired 1/16/24.
- 41.(f)(1) - CCFFH did not have evidence of current TB clearance/exclusion for HHM#4, 5, 6 and 7 who are tenants residing in the back portion of the CCFFH. Per CG#1, these four HHMs have been residing in the location for under a year and will be moving out on May 9, 2024.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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(3P)(a)(1) Staff An updated Application Form including an updated Disclosure Form.

Comment:

(3P)(a)(1) Staff - The CCFFH did not have evidence of a current disclosure form reflecting the accurate number of individuals residing at the location.

Foster Family Home	Grievance	[11-800-45]
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- 45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:
 - 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., 45.(1), 45.(2), 45.(3) - The CCFFH did not have evidence that the grievance policy and procedures had been reviewed with, provided to and signed by the client/POA for client #1.

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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) - The CCFFH did not have evidence that the client rights policy had been reviewed with, provided to, and signed by the client/POA for client #1.

Foster Family Home

Records

[11-800-54]


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;

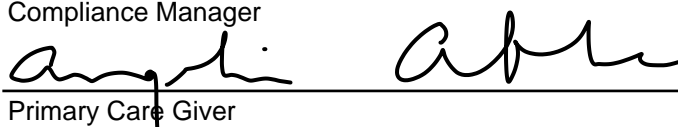
Comment:

54.(c)(1) - The CCFFH did not have evidence of a recent face sheet for client #1. Client #1 was admitted to the CCFFH on 11/1/22 as Medicaid pending. There was no updated face sheet that showed if and when Medicaid was approved for the client.

54.(c)(2) - The CCFFH did not have evidence that a service plan was provided for client #2 at the time of admission. Client #2 was admitted on 5/1/2024.



Compliance Manager



Primary Care Giver

5/2/24

Date

5/2/24

Date