

Foster Family Home - Deficiency Report

Provider ID: 1-561698

Home Name: Doreen Pagdilao, CNA

Review ID: 1-561698-21

94-1118 Hapapa Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 5/8/2024

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: 5/08/2024).

6.(d)(1): No documentation provided by CCFFH of current 1147 assessment for client #2.

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): No documentation provided by CCFFH of 2 sets of fingerprints within 1 year for HHM#3. Only 1 set of fingerprints provided by CCFFH dated 7/22/2022.

8.(a)(1): No documentation provided by CCFFH of 2 sets of fingerprints for HHM#4. No documentation provided by CCFFH.

8.(a)(2): No documentation provided by CCFFH of current APS/CAN clearance for CG#1, CG#2, and HHM#4. APS/CAN was due by 10/27/2023 for CG#1, 9/01/2023 for CG#2, and no prior documentation provided for HHM#4.

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): No documentation of confidentiality training completed for HHM#4.

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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.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(7): No documentation provided by CCFFH of current TB clearance for CG#2 and HHM#4. TB clearance was due by 01/27/2023 for CG#2 and no prior documentation for HHM#4.

41.(b)(8): No documentation provided by CCFFH current bloodborne pathogen training for CG#1, CG#2, and CG#3.

41.(c): No documentation provided by CCFFH of minimum 12 hours of annual in-service training or 24 hours of in-service training in past 2 years for CG#2 and CG#3.

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

- (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)(b)(2) Staff: No documentation provided by CCFFH of updated caregiver sign-in and sign-out log.

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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 documentation provided by CCFFH of fire drills conducted monthly. Last documented fire drill was conducted on 5/28/2023.

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Records

[11-800-54]

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

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.(c)(2): No documentation provided by CCFFH of current service plan for client #2. Service plan in client's chart dated 4/26/2023.

54.(c)(5): No documentation of medication administration for the months of 11/2023 and 10/2023 for client #3.

54.(c)(6): No documentation provided by CCFFH of documentation of daily vital signs as addressed in client #1 and client #2's service plan. No documentation from 10/01/2023-12/11/2023 for client #1 and 10/23/2023-12/31/2023.


54.(c)(6): No daily documentation provided by CCFFH of ADL flowsheets for all clients. Last documentation for client #1 and client #2 is 8/31/2023, and 12/31/2023 for client #3.


54.(c)(6): No documentation provided by CCFFH of RN monthly visit for 1/2024 for client #1.



Compliance Manager


Primary Care Giver



Date


Date