

Foster Family Home - Deficiency Report

Provider ID: 1-170058

Home Name: Felipa Genetiano, CNA

Review ID: 1-170058-13

1305 Nakuina Street

Reviewer: Ryan Nakamura

Honolulu

HI 96819

Begin Date: 6/28/2024

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: 6/28/2024).

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 provided by CCFFH of confidentiality training completed for CG#6.

Foster Family Home Personnel and Staffing [11-800-41]

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.

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)(8): No documentation of bloodborne pathogen and infection control training for CG#1 and CG#4. Training was due by 1/5/2024 for CG#1 and CG#4.

41.(c): No documentation provided by CCFFH of minimum 12 hours of in--service training in 12 months or 24 hours in 24 months for CG#5. CCFFH provided 9 hours completed in 2023.

41.(g): No documentation of basic caregiver skills checked by client #3's case management agency for CG#4, CG#5, and CG#6.

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 of caregiver sign-in and out sheet in past 12 months.

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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): No documentation of RN delegation given to CG#6 by client #1, #2, and #3's case management agency and CG#4 by client #3's case management agency.

3 Person Physical Environment

3 Person Physical Environment

(3P) Env.

(3P)(a)(1) Env. The two clients must consent to share the room

Comment:

(3P)(a)(1) Env: No documentation of client #3's consent to being in shared room.

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Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(B)(9): No documentation provided by CCFFH of consent/acknowledgement by client #1, client #2, and client #3 of use of cameras/monitors in bedrooms and living area.

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Records


[11-800-54]

54.(c)(8) Personal inventory.


Comment:

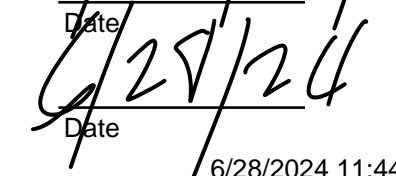
54.(c)(8): No documentation provided by CCFFH of inventory of personal belongings for client #1.



Compliance Manager


Primary Care Giver



Date


Date