

Foster Family Home - Deficiency Report

Provider ID: 4-591843

Home Name: Imelda Albano, CNA

Review ID: 4-591843-16

386 Kahiki Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 7/3/2024

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 8/3/2024.

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;

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) - CCFFH did not have evidence of first set fingerprints for CG#4. CG#4 was added to the CCFFH on 2/29/24.

8.(a)(2) - The CCFFH did not have evidence of a current APS/CAN for CG#2. Results on file expired 2/16/24

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

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)(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.(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.(a)(3) - The CCFFH did not have evidence of one year work experience for CG#2 and CG#4.

41.(b)(5) - The CCFFH did not have evidence of a current state ID for CG#4.

41.(c) - The CCFFH did not have evidence that CG#2 had completed the required number of inservice training hours within the last 12 months (12 hrs) or 24 months (24 hrs)

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence that CG#4 had been added to the liability insurance.

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Foster Family Home

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;

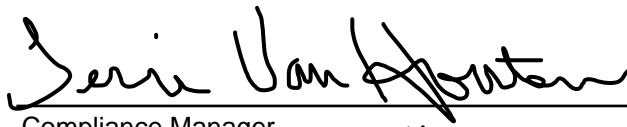
Comment:

54.(c)(5) - The CCFFH did not have evidence that the July 2024 MAR had been initiated or documented for this month for client #1, #2, and #3.

54.(c)(5) - Discrepancies were noted on the MAR for client #1: Aricept had not been discontinued on the July 2024 MAR and [redacted] and [redacted] prn were not included on the MAR. (Order for [redacted] and [redacted] noted in an MD office visit from 12/2023.

54.(c)(5) - Discrepancy noted on MAR for client #2. MD order and MAR noted [redacted] 2 tablets daily. Pill bottle indicated 1 capsule daily.

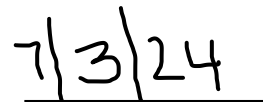
54.(c)(6) - ADL flowsheet for client #1, #2, and #3 did not contain a CG signature for July 2023 - July 2024.




Compliance Manager



Primary Care Giver



Date



Date

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