

# Foster Family Home - Deficiency Report

Provider ID: 1-110059

Home Name: Imelda Del Rosario, CNA

Review ID: 1-110059-17

3402 A Maluhia Street

Reviewer: Maribel Nakamine

Honolulu

HI 96816

Begin Date: 5/3/2024

## 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 visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 5/3/24).

## 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), (2)- CG#3 and CG#4 without the 2nd set of APS/CAN/Fingerprint results. CG#3's APS/CAN lapsed on 11/27/22 and was not renewed till 1/19/23. CG#5's APS/CAN lapsed on 11/10/23 and was not renewed till 2/16/24.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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)(7)- CG#2's current TB clearance- unable to determine if clearance result was an MD, APRN, nor Physician's Assistant's signature.

41.(g)- No Basic Skills check completed by CG#3 for Client #1.

## Foster Family Home 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 RN delegations present for CG#3 in Client #1's chart/records.

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## Foster Family Home

## 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 nighttime monthly fire drill for the past 12 months.

## Foster Family Home

## Physical Environment

[11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1)- No non-slip surface present on clients' bathroom shower floor.

## Foster Family Home

## 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 authorizations present for Client #1 and Client #2's CCFFH use of video cameras in each of the client's bedrooms. Use of video monitoring devices without proper consent is a violation of client's privacy rights.

## Foster Family Home

## Records

[11-800-54]

54.(c)(3) Current copies of the client's physician's orders;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(3)- Client #1 without an MD order for type of diet.

54.(c)(5)- there were 4 medications that were not available for Client #2.

*Maribel Nakamire, RN* 5/3/24

Compliance Manager

Date

Primary Care Giver

Date

5/3/24