

Foster Family Home - Deficiency Report

Provider ID: 1-230047

Home Name: Irene Taylan, NA

Review ID: 1-230047-2

94-502 Kahualena Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 4/26/2024

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 4/26/2024).

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)(2): No documentation of fingerprints/APS/CAN for HHM#2 and HHM#3. Section of home that HHM reside door was sealed with tape.

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 was completed and signed by CG#2, CG#3, HHM#2, and HHM#3.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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- 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.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:
- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7): No documentation of current TB clearance for CG#1, CG#3, HHM#2, and HHM#3. CG#1 was due by 6/7/2023; CG#3 was due by 4/9/2023. HHM#2 and HHM#3 have no documentation.

41.(b)(8): No documentation of current bloodborne pathogen and infection control training for CG#3. Training was due by 11/18/2023.

41.(c): No documentation provided by CCFFH of annual in-service training completed in 2023 for CG#1, CG#2, and CG#3.

41.(f)(1): No documentation provided by CCFFH of TB clearance for HHM#2 and HHM#3.

Foster Family Home	Client Care and Services	[11-800-43]
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- 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 delegation from client #2's case management agency for oral medication administration for all caregivers. No documentation provided.

Foster Family Home	Medication and Nutrition	[11-800-47]
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- 47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.
- 47.(d) Use of physical or chemical restraints shall be:
- 47.(d)(1) By order of a physician;

Comment:

47.(c): No documentation of list of side effects for all current medications for client #1.

47.(d)(1): No documentation of physician order for okay to use bed side rails for client #1.

Foster Family Home	Physical Environment	[11-800-49]
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- 49.(e) The home shall have policies regarding smoking on the property that:
- 49.(e)(2) Identify designated areas that may be used for purposes of smoking.

Comment:

(49)(e)(2): No designated smoking area established by CCFFH.

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Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

50.(a)(4) Natural disasters;

50.(a)(5) Fire; and

50.(a)(6) Power and telephone outage

Comment:

50.(a)(4)(5)(6): No documentation of emergency preparedness plan provided by CCFFH.

Foster Family Home

Fiscal Requirements

[11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a)(b)(c): No documentation of a monthly budget or financial records of CCFFH since opening.

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Records

[11-800-54]

54.(a)(3) A list of applicable community resources.

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.(a)(3): No documentation of list of community resources provided by CCFFH.

54.(c)(6): No documentation provided by CCFFH of daily personal care and monitoring for client #1.



Compliance Manager


Primary Care Giver



Date


Date