

Foster Family Home - Deficiency Report

Provider ID: 1-190087

Home Name: John Morick U. Tiu, CNA

Review ID: 1-190087-11

1052 Luehu Street

Reviewer: Ryan Nakamura

Pearl City HI 96782

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 7/03/2024)

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;

Comment:

8.(a)(1): No documentation of current criminal background check for CG#4 and CG#5. Documents were due by 8/25/2023 for both caregivers.

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

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.(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)(5): No documentation provided by CCFFH of alternate driver's current automobile insurance that meets minimum requirements of \$100,000 bodily injury damage per person and \$30,000 property damage.

41.(b)(7): No documentation provided by CCFFH of current TB clearance for CG#2. TB clearance was due by 8/29/2023.

41.(g): No documentation of basic caregiver skills checked by client #1's case management agency for CG#1.

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 documentation of fire drills conducted monthly by CCFFH. Last documented fire drill dated 8/5/2023.

Foster Family Home - Deficiency Report

Foster Family Home

Medication and Nutrition

[11-800-47]

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 provided by CCFFH of list of side effects for current medications for client #1 and #2.

47.(d)(1): No documentation provided by CCFFH of physician order for use of bed side rails for client #1 and #2.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1): Documentation provided by CCFFH shows general liability insurance expired 10/06/2023.

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): CTA unable to verify/determine if CCFFH has adequate amount of resources. No documentation of monthly budget or current bank statement provided.

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 documentation provided by CCFFH of written consent/acknowledgement of use of camera/monitors by client #1 and #2.

Foster Family Home - Deficiency Report

Foster Family Home

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)(4) Client's emergency management procedures;
- 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 of current service plans of client #1 and client #2 provided by CCFFH. Last completed service plan provided for client #1 dated 7/2023 and client #2 dated 5/2023.

54.(c)(4): No documentation provided by CCFFH of client specific emergency procedures for client #1 and client #2.

54.(c)(5)(6): No daily documentation of medication administration and skilled nursing daily check list for client #1 and client #2 since 6/25/2024. No current month's medication administrative record (MAR) for client #1 and client #2 was present.



Compliance Manager



Primary Care Giver

7/3/24

Date

7/3/24

Date