

Foster Family Home - Deficiency Report

Provider ID: 1-511578

Home Name: Juliana Domingo, CNA

Review ID: 1-511578-16

94-231 Kahuamo Place

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 6/4/2024

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: 6/4/2024)

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): No documentation provided by CCFFH of current criminal background check for CG#3. CG#3 was due by 8/18/2022.

8.(a)(1): No documentation provided by CCFFH of current for client 2nd set of fingerprints for HHM#2 and HHM#3. 2nd set of fingerprints due 10/13/2022.

8.(a)(2): No documentation provided by CCFFH of current APS/CAN clearance for CG#2, CG#3, HHM#2, and HHM#3. CG#3 was due by 9/2/2022, HHM#2 and HHM#3 due by 10/13/2023.

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): No documentation provided by CCFFH of current TB clearance for CG#1. TB clearance was due by 8/18/2023.

41.(g): No documentation of basic caregiver skills were checked for CG#2 by client #2's case management agency. No signature noted by client #2's case management RN.

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 documentation of CG#2 and CG#3 were delegated to any tasks by client #2's case management agency.

43.(c)(3): No documentation of RN delegation of Oxygen and nebulizer administration for CG#1, CG#2, and CG#3 by client #2's case management agency.

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**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire: No documentation provided by CCFFH of monthly fire drills were conducted at CCFFH. Last fire drill conducted on 3/25/2024.

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.

Comment:

47.(c): No documentation provided by CCFFH of current list side effects of client #1's medications.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(4): Outside ramp to get to ground level obstructed and not wheelchair accessible.

49.(c)(3): Multiple alive and dead roaches observed crawling on dining area table while inspection was conducted.

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 curtain available for client #1's bedroom separating client's bedroom and entrance used for CCFFH. CTA observed person walking freely through clients bedroom to enter and exit CCFFH.

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:

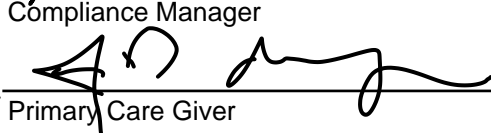
54.(c)(5): No documentation of current month's MAR provided by CCFFH for client #1 and client #2.

54.(c)(5): Discrepancy noted in medication administration and what is documented for client #1. CG#1 states that client is administering a medication not found in client's medication administrative record (MAR).

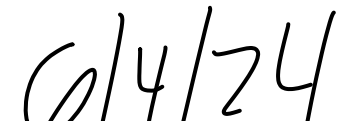
54.(c)(6): No documentation of ADLs and vital signs of current month provided by CCFFH for client #1 and client #2.



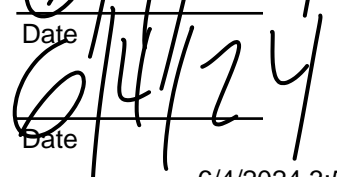
Compliance Manager



Primary Care Giver



Date



Date