

# Foster Family Home - Deficiency Report

Provider ID: 1-220056

Home Name: Leilani C. Domingo, CNA

Review ID: 1-220056-5

94-663 Kehela Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 5/10/2024

## 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 5/10/24).

6.d.1- Client #2 without an 1147 present in chart/records.

## 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 confidentiality policies and procedures and client privacy rights training present for CG#9.

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

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.(g)- No Basic Skills Checks present for CG#6 in Client #1 and Client #2's charts/records.

## 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 delegation present on subcutaneous injection for CG#1, CG#7, CG#9, CG#10, and CG#11 in Client #1's chart/records.

## Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#6 without evidence of having conducted a monthly fire drill for the past 12 months.

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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;

Comment:

54.(c)(2)- Client #1's Service Plan dated 2/20/24 lacked the Client/POA's signature and Client #2's Service Plan dated 2/28/24 without the Client/POA's signature.

Maribel Nakamine, RN 5/10/24  
Compliance Manager Date  
ll down 5/10/24  
Primary Care Giver Date