

# Foster Family Home - Deficiency Report

Provider ID: 4-587785

Home Name: Mary Jean Guira, RN

Review ID: 4-587785-16

383 West Papa Avenue

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 5/2/2024

Foster Family Home	Required Certificate	[11-800-6]
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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 by 6/2/2024.

Foster Family Home	Background Checks	[11-800-8]
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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) - The CCFFH did not have evidence that HHM#4 had a current fingerprint.

8.(a)(2) - The CCFFH did not have evidence that HHM#4 had a current APS/CAN on file.

Foster Family Home	Information Confidentiality	[11-800-16]
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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) - CCFFH did not have evidence that HHM#4 had received confidentiality training.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Personnel and Staffing

[11-800-41]

- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).
- 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)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

- 41.(b)(4) - CG#4 did not have evidence of a current CG disclosure form on file.
- 41.(b)(5) - CG#2 did not have evidence of a current driver's license on file. CG#2 was identified as an alternate transportation provider for clients. CG#4 did not have a copy of a current state issued ID on file.
- 41.(b)(8) - CG#1 did not have evidence of a current CPR card on file. BLS card on file expired 4/30/24. CG#1 reports she took an [REDACTED] class on 4/26/24 but has not received the card yet. CG#4 did not have evidence of first aid training. Card on file expired 4/20/24.
- 41.(f)(1) - HHM#2, 3 and 4 did not have evidence of a current TB clearance/TB exclusion on file.

## 3 Person Staffing

## 3 Person Staffing Requirements

(3P) Staff

- (3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

- (3P)(b)(2) Staff - The CCFFH did not have evidence that a 3 bed sign out log was being maintained.

## Foster Family Home

## Medication and Nutrition

[11-800-47]

- 47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

- 47.(e) - Client #1's service plan indicated client was to receive an 1800 calorie diabetic diet. The CCFFH did not have training present in the client record with specific instructions of what makes up an 1800 calorie diabetic diet.

# Foster Family Home - Deficiency Report

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;

54.(c)(8) Personal inventory.

Comment:

54.(c)(5) - The CCFFH did not have evidence that a MAR had been initiated for May 2024.

54.(c)(6) - The CCFFH did not have evidence that an ADL flowsheet had been initiated for May 2024. The ADL flowsheet was missing documentation from 2/6/24 through 2/29/24.

54.(c)(8) - The CCFFH did not have evidence that a personal inventory log had been initiated for client #1 since admission.

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Compliance Manager

\_\_\_\_\_  
Date

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Primary Care Giver

\_\_\_\_\_  
Date