

Foster Family Home - Deficiency Report

Provider ID: 1-170056

Home Name: Mateo Lorenzo Lopez, NA

Review ID: 1-170056-15

91-1727 Kikoo Street

Reviewer: Ryan Nakamua

Ewa Beach

HI 96706

Begin Date: 5/10/2024

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:

CTA initially arrived for recertification inspection on 5/10/2024 but revisited on 5/28/2024 due to medical emergency.

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: 5/28/2024). Deficiency report emailed on 5/28/2024.

6.(d)(1): No documentation provided by CCFFH of current 1147 assessment for client #1.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(3) Inform clients about their confidentiality practices;

16.(c) Information about an applicant or recipient shall not be used or disclosed unless;

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

Comment:

16.(b)(3): No documentation provided by CCFFH that client #1 informed of confidentiality practices.

16.(c)(1): No documentation of client #1's consent of use or disclosure of client's information.

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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)(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.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(4): Current psychosocial assessment provided by CCFFH of CG#1 does not document correct number of household members residing in CCFFH.

41.(b)(4): No documentation provided by CCFFH Of psychosocial assessment/disclosure form for CG#3.

41.(b)(7): Evidence of lapse of TB clearance for CG#1, CG#2, and CG#3. CG#1 and CG#3's TB clearance was due by 6/28/2023. CG#1 completed on 9/18/2023 and CG#3 completed on 10/25/2023. CG#2 was due by 6/28/2022 and was completed on 7/13/2023.

41.(b)(8): No documentation provided by CCFFH of current first aid, CPR, bloodborne pathogen, and infection control training for CG#3.

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

Foster Family Home

Client Care and Services

[11-800-43]

- 43.(c)(5) Include the caregiver observing the following provisions of care:
- 43.(c)(5)(A) Appropriate, safe techniques, and infection control procedures; and

Comment:

43.(c)(5)(A): CTA observed CG#1 and CG#2 were observed not following proper infection control procedures when providing client care such as washing hands before and after and donning gloves until home care nurse reminded CGs. Also CG#2 did not remove used gloves and wash hands after cleaning client' stool. CTA intervened by instructing CG#2 to remove her gloves after she touched client's personal belongings and going into other clients room.

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Grievance

[11-800-45]

45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:
- 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;
- 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and
- 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1)(2)(3): No documentation provided by CCFFH of client #1 being informed of grievance policies and procedures, provided written copy, and no signature of acknowledgment that policy was reviewed.

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.
- 46.(b)(1) The client who is bed bound or unable to make independent decisions about individual safety shall have a designated person available at all times capable of evacuating the client; and

Comment:

46.(a): No documentation of any fire drills were conducted during the night within the past year.

46.(b)(1): CCFFH unable to provide an answer of evacuation plan for client #1 in case of fire. Client is bedbound.

Foster Family Home

Medication and Nutrition

[11-800-47]

- 47.(d) Use of physical or chemical restraints shall be:
- 47.(d)(1) By order of a physician;
- 47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d)(1)(2): No documentation provided by CCFFH of physician order of use of bed side rails for client #1. No service plan provided for client #1 to verify if it is included in client's service plan.

Foster Family Home

Client Account

[11-800-48]

- 48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a): No documentation of who is responsible of client #1's personal funds.

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Foster Family Home Physical Environment [11-800-49]

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

Comment:

49.(c)(3): small cockroaches found in home's drawers and a large bug found on client #1's medication bottles. Previous cited for issue and currently has pest control coming every 3 months according to CG#1. CCFFH able to provided receipts dated 2/25/2024 and 10/15/2023.

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): No documentation provided by CCFFH's current financial records. No documentation provided by CCFFH current bank statement or month budget.

Foster Family Home Client Rights [11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a): No documentation provided by CCFFH of client #1 receiving copy of client rights. No documentation of client's rights for client #1 available during inspection.

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)(8) Personal inventory.

Comment:

54.(C)(2): No documentation of current service plan provided by CCFFH for client #1. CTA unable to verify current services are provided to client.

54.(c)(4): During initial inspection date 5/10/2024, medical emergency occurred for a previous client and CCFFH asked for CTA inspector to intervene to provide nursing care instead of following emergency procedure. CTA instructed CG to call 911 and then CG followed instructions from dispatcher until EMS arrived.

54.(c)(5): Discrepancy noted between medication dosage on hand compared to dosage documented in client #1's medication administrative record. CG#1 unable to answer what the correct dosage is.

54.(C)(8): No documentation provided by CCFFH of client #1's personal inventory of belongings.



Compliance Manager



Date

Primary Care Giver

Date