

Foster Family Home - Deficiency Report

Provider ID: 1-574625

Home Name: Rebecca Madrid, CNA

Review ID: 1-574625-15

2646 Kalihi Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 5/28/2024

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 3-bed recertification inspection.

Deficiency Report emailed to CCFFH on 6/5/2024 with plan of correction due to CTA within 30 days of issuance.

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), (2)- No 2nd result of APS/CAN/Fingerprinting present for CG#3.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(1) Have written policies and procedures that relate to confidentiality and privacy rights of applicants and recipients;

16.(b)(3) Inform clients about their confidentiality practices;

Comment:

16.(b)(1), (b)(3)- No Admission Policy and Agreement present in regard to confidentiality and privacy rights in Client #1's chart/record.

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- No Sign In/Out present in the CCFFH for the past 12 months.

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Foster Family Home**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 Admission Policy and Agreement in regard to grievance procedure/policy in Client #1's chart/records.

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), (d)(1), (2)- No MD order present for Client #1's bedrails. Client #1 without a Service Plan in chart/records.

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)- Client #1 and Client #2's window screens with gaps/holes- insects, vermin, mosquitoes can come inside the client's bedrooms and possibly bit clients. Also, Client #2's window latch was broken- unable to open/close windows.

Foster Family Home**Quality Assurance****[11-800-50]**

- 50.(b) Adverse events shall be reported

Comment:

50.(b)- No Adverse Event forms completed for Client #1's skin integrity impairment to Right arm and Client #2's decubitus ulcers to Right hip.

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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.

53.(b)(1) Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out;

53.(b)(3) Be fully informed, prior to or at the time of admission, and during the client's stay, of services available in or through the home and related charges;

Comment:

53.(a), (b)(1), (b)(3)- No Admission Policy and Agreement was initiated for Client #1's admission to the CCFFH.

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Records

[11-800-54]

54.(c)(3) Current copies of the client's physician's orders;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c), (3)- Client #1 without an MD's CCFFH admission order in client's chart/records.

54.(c)(5)- No Medication Administration Records (MAR) was initiated for Client #1 for the month of May 2024.

Maikel Nakarive
Compliance Manager

[Signature]
Primary Care Giver

RW 6/5/24
Date
6/5/24
Date