

# Foster Family Home - Deficiency Report

**Provider ID:** 1-190042

**Home Name:** Roma Robles, CNA

**Review ID:** 1-190042-10

94-208 Waipahu Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 4/8/2024

## 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 re-certification inspection.

Client #1 form 1147 expired on 10/23/2020

Client #2 form 1147 expired on 1/1/2022

Deficiency Report issued during CCFFH inspection via email on 4/8/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(a)(2) APS/CAN checks were overdue for CG# 1, HHM#1 and HHM#2.  
APS/CAN was due on or before 4/26/2023 and was not present in the CCFFH file.

8(c) State Name Check (eCrim) was overdue for CG# 1, HHM#1, and HHM#2. State Name Check (eCrim) was due on or before 4/26/2023 and was not present in the CCFFH file.

## 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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#2.

# Foster Family Home - Deficiency Report

<b>Foster Family Home</b>	<b>Personnel and Staffing</b>	<b>[11-800-41]</b>
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- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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- 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).

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- 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.

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- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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- 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.

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- 41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

Comment:

- 41(a)(3) No job experience form present for CG# 2.
- 41.b.4 No disclosure form present for CG# 2.
- 41.b.5 CG#2 does not drive clients. No alternate transportation plan present in record.
- 41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1 and CG#2. CG#1 TB clearance expired, was due on/before 9/29/2022. CG#2 is missing TB clearance.
- 41.(b)(8) CCFFH did not have evidence of current CPR/First Aid/Bloodborne Pathogen/Infection control training for CG# 1 and CG#2. CG# 1 CPR/1st aid expires 7/31/2023, no new on file. CG#1 is missing BPP/IC. CG#2 is missing CPR/AED/First Aid, not in file.
- 41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#2. CG# 2 requires 12 hours of in-service training, but had only 8 hours attended in 2023.
- 41.(f)(1) No current TB clearance for HHM# 1 and #2. TB clearance was due on or before 9/29/2022. TB exclusion not present for HHM#1,2,3,4.

<b>3 Person Staffing</b>	<b>3 Person Staffing Requirements</b>	<b>(3P) Staff</b>
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- (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) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours.

# Foster Family Home - Deficiency Report

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 for Client#1, Client#2, Client#3 for CG#2.

**3 Person Fire Safety,  
Natural Disaster**

**3 Person Fire Safety**

**(3P) Fire**

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

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

(3P)(b)(4) Fire shall include testing of smoke detectors

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(2)(4)(6) The CCFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

Last Drill was conducted on 2/25/2023.

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 MAR present from 9/2023 to 12/2023 for Client #1 and Client #2. MARs were missing for 4/2024 for Client #1, Client #2, Client #3.

March 2024 and August MARs was not documented daily. Sheet not completed from 8/29/2023 to 8/31/2023 and 3/20/24 to 3/31/24 for Clients #1 and #2. Client #3 was not completed from 3/20/2024 to 3/31/2024.

54(c)(6) No ADL flow sheet and vitals sheet present for Client#1, #2, and #3 for April 2024.

ADL flowsheet and vitals sheet was not documented daily. Sheet not completed from 3/20/2024 to 3/31/2024.

\_\_\_\_\_  
Compliance Manager

ROMA M ROBLES

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Primary Care Giver

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Date

04/27/2024

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Date