

Foster Family Home - Deficiency Report

Provider ID: 4-120064

Home Name: Roman Queja, CNA

Review ID: 4-120064-17

58 East Kauai Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 6/5/2024

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 7/5/2024.

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) - CCFFH did not have evidence that CG#4 had a current APS/CAN on file. Results on file expired 4/27/24.

8.(a)(2) - CCFFH did not have evidence that CG#4 had a current eCrim (state name check) on file. Results on file expired 2/8/24.

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

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)(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.

Comment:

41.(b)(5) - CCFFH did not have evidence that CG#4 was included in the alternate transportation plan.

41.(b)(7) - CCFFH did not have evidence of a current TB clearance for CG#4. Results on file expired 4/11/24.

41.(b)(8) - CCFFH did not have evidence that CG#4 had a current CPR/First Aid and Bloodborne pathogen training on file. Results on file expired 9/2023 and 2/11/24 respectively.

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) - The CCFFH did not have evidence that CG #4 had received RN delegations for client #2.

Foster Family Home - Deficiency Report

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) - The CCFFH did not have evidence that all CGs had received training on use of thickened liquids for client #1.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4) - The CCFFH was cluttered with furnishings, boxes which impeded exits. A doorway into the kitchen had a small table which impeded client access to the kitchen. A doorway located inside the kitchen that exited to the back yard was obstructed with boxes and misc. items. These items impeded a timely exit from the CCFFH in the event of an evacuation.

Foster Family Home

Records

[11-800-54]

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

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:

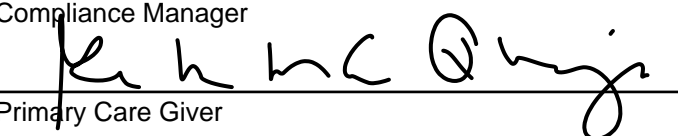
54.(c)(3) - The CCFFH did not have a physician's order for use of thickener for client #1. CG#2 indicated that the order was given verbally by the APRN.

54.(c)(5) - The CCFFH did not have evidence of daily documentation on the ADL flowsheet. Last documentation was on 6/2/24 for client #1, #2, and #3.

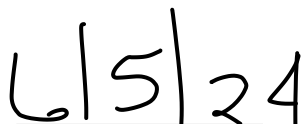
54.(c)(6) - The CCFFH did not have evidence of daily documentation on the MAR. Last documentation was on 6/2/24 for client #1, #2, and #3. The MARs for client #1, #2, and #3 did not include CG signatures.



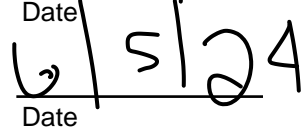
Compliance Manager



Primary Care Giver



Date



Date