

Foster Family Home - Deficiency Report

Provider ID: 1-190070

Home Name: Ruby Lea Dela Cruz, CNA

Review ID: 1-190070-12

94-1018 Akihiloa Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 5/8/2024

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 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: 5/8/2024)

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

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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(7): Evidence based on documents provided by CCFFH of lapse of tb clearance for CG#3. TB clearance was due by 8/13/2023 and was completed 9/27/2023.

41.(b)(8): No documentation provided by CCFFH of current first aid training certificate for CG#3.

41.(f)(1): No documentation provided by CCFFH of current TB clearance for HHM#2.

41.(g): No documentation provided by CCFFH of basic caregiver skills check for CG#2 for client #1 and client #2. No skills check for CG#3 for client #2.

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 documentation provided by CCFFH of RN delegation given by client #1 and client #2's case management agency for CG#2.

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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.

Comment:

46.(a): Monthly fire drills were not conducted at different times of the day throughout the year. Documented fire drills were conducted only in the mornings.

Foster Family Home

Quality Assurance

[11-800-50]

50.(b) Adverse events shall be reported

Comment:

50.(b): No documentation provided by CCFFH of adverse event reported regarding 5/28/2023 hospitalization for client #2.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): No curtain for privacy separating client #1's bedroom and clients bathroom that is located in bedroom.

53.(b)(9): No written consent/acknowledgement by client#2's responsible party of use of cameras in client's common living areas.

Foster Family Home

Records

[11-800-54]

54.(c)(8) Personal inventory.

Comment:

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



Compliance Manager


Primary Care Giver

5/8/24

Date
5/8/24

Date