

# Foster Family Home - Deficiency Report

Provider ID: 1-230077

Home Name: Aileen Rivera, NA

Review ID: 1-230077-3

94-1053 Hiapo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/5/2024

## 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 visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/5/24).

6.d.1- Client #2's 1147 expired on 6/13/24 and no current document was present in client's chart/records.

## 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)- CG#3's APS/CAN/Fingerprinting (or Ecrim) lapsed on 3/30/24 and no current results were present.

## 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 confidentiality policies and procedures and client privacy rights training present for CG#3 and CG#4.

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

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

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)(8)- CG#3's blood borne pathogen and infection control training lapsed on 1/5/24 and no current certificate was present.

41.(g)- No basic skills checklist completed by CG#4 in Client #1's chart.

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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 delegations present for CG#4 in Client #1's chart/records.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

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.(c)- No list of medications' side effects present for Client #1 and Client #2.

47.(e)- No training present for CG#1, CG#2, CG#3, and CG#4 for Client #1 and Client #2's specialized diet.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- No Automobile policy statement coverage present.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

7/5/24  
\_\_\_\_\_  
Date

7/5/24  
\_\_\_\_\_  
Date