

Foster Family Home - Deficiency Report

Provider ID: 1-160060

Home Name: Aristopher Gabriel, CNA

Review ID: 1-160060-13

94-1117 Hapawalu Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/23/2024

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 issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/23/24).

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#1 and CG#4's APS/CAN lapsed on 10/13/23 and was done on 11/16/23. CG#4's Ecrim lapsed on 9/23/23 and was done on 9/25/23. CG#5's APS/CAN lapsed on 4/29/23 and was done on 5/12/23.

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#1, CG#4, and CG#5's blood borne pathogen and infection control certificates dated 1/14/24 were not valid. No other certifications were present.

41.(g)- No basic skills checklist was present for CG#2 and CG#3 for Client #1.

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- CG#5 (NA) exceeded the required number of hours worked on 6/26/24 according to the Sign In/Out form.

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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 for Client #1 for CG#2 and CG#3. For Client #2 there was no RN delegations present for CG#1, CG#2, CG#3, CG#4, and CG#5. Client #3 without the RN delegations for CG#2, CG#3, and CG#5.

**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

Comment:

(3P) (b)(1), (b)(2) Fire- No monthly fire drill present for the month of June 2024. No nighttime monthly fire drill conducted for the past 12 months.

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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.

47.(e)- CG#1, CG#2, CG#3, CG#4, and CG#5 without the training present for Client #1 and Client #2's special feeding needs.

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Physical Environment

[11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1)- No non-slip surface present in clients' bathroom shower floor.

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Records

[11-800-54]

- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(5) Medication schedule checklist;
- 54.(c)(8) Personal inventory.

Comment:

54.(c)(2)- Client #2's Service Plan lapsed on 10/19/23 and Client #3's Service Plan lapsed on 5/1/24. No current service plans present in each client's charts.
54.(c)(5)- Medication discrepancies were noted for each clients.
Client #1- there were 6 medications that were not transcribed in client's Medication Administration Record(MAR).
Client #2- No July 2024 MAR present/initiated.
Client #3- No July 2024 MAR present/initiated. One medication scheduled administration was written incorrectly.
54.(c)(8)- No Personal Inventory of client's belongings was present for Client #1.

Mauisel Nakamine, RD 7/23/24
Compliance Manager Date
JJO SCG 7/23/24
Primary Care Giver Date
For Aristophere Gabriel