

Foster Family Home - Deficiency Report

Provider ID: 1-190089

Home Name: Erica Carla Nanao, CNA

Review ID: 1-190089-12

3835 Likini Street

Reviewer: Ryan Nakamura

Honolulu

HI 96818

Begin Date: 7/19/2024

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 within 30 days of inspection (inspection date: 7/19/2024).

6.(d)(1): No documentation provided by CCFFH of current 1147 assessment for client #1, client #2, and client #3.

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;

Comment:

8.(a)(1): No documentation provided by CCFFH of 2 sets of fingerprints in consecutive years for CG#3 and HHM#2. 2nd set of fingerprint was due by 10/26/2023 for CG#3 and 9/16/2023 for HHM#2.

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.

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

Comment:

16.(b)(c)(1): No documentation provided by CCFFH of client #1 or legal representative authorizing use or disclosure of client's information. No signature noted.

16.(b)(5): No documentation provided by CCFFH of CG#3 receiving confidentiality/privacy training.

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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.(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.
- 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): No documentation of TB clearance for CG#3 presented by CCFFH.

41.(b)(8): No documentation provided by CCFFH of CPR/first aid and bloodborne pathogen and infection control training completed in past 12 months for CG#3. Bloodborne pathogen and infection control training was due by 8/14/2023. No prior documentation of first aid/CPR training provided by CCFFH.

41.(c): No documentation of CG#3 completing minimum 12 hours of annual in-service training in the past 12 months.

41.(f)(1): No documentation provided by CCFFH of current TB clearance for 3 minor household members.

41.(g): No documentation provided by CCFFH of CG#3 basic caregiver skills were checked by client #1's case management agency RN.

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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 documentation of CG#3 receiving any RN delegation by client #1's case management agency.

43.(c)(3): No documentation of RN delegation of topical medication administration for any caregivers by client #2's case management agency.

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Grievance

[11-800-45]

- 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(3): No documentation of signed acknowledgement from client #1 or client's legal representative that the grievance policies and procedures were reviewed.

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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): No documentation provided by CCFFH of fire drills conducted monthly. Last documented fire drill dated 7/21/2023.

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Medication and Nutrition

[11-800-47]

- 47.(d) Use of physical or chemical restraints shall be:
- 47.(d)(1) By order of a physician;
- 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.(d)(1): No documentation provided by CCFFH of physician order for side rails for client #1 and client #2.
- 47.(e): No documentation of CCFFH receiving instructions/training regarding special feeding needs for client #1.

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Fiscal Requirements

[11-800-52]

- 52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.
- 52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.
- 52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

- 52.(a)(b)(c): No documentation provided by CCFFH of current monthly budget or bank statement.

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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 documentation provided by CCFFH of written consent/acknowledgement of use of monitor/camera in bedroom by client #1, client #2, and client #3 or their legal representative.

Foster Family Home

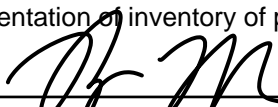
Records

[11-800-54]

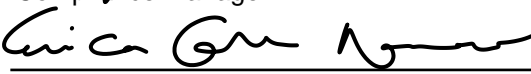
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(3) Current copies of the client's physician's orders;
- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check 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;
- 54.(c)(8) Personal inventory.

Comment:

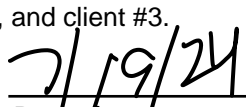
- 54.(c)(2): Discrepancy noted regarding services provided and services addressed in client #1's current service plan. Client's food prepared pureed and pudding thickened liquids but not addressed in service plan.
- 54.(c)(3): No documentation of any signed medication orders, diet orders, and wound care orders for client #1.
- 54.(c)(5): No documentation provided by CCFFH of daily medication administration in client #3's medication administration record (MAR) from 7/11/2024 to 7/18/2024.
- 54.(c)(6): No documentation of skilled nursing daily check list for client #2 for months of 5/2024 and 4/2024.
- 54.(c)(8): No documentation of inventory of personal belongings for client #1, client #2, and client #3.



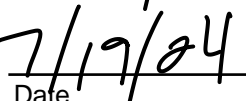
Compliance Manager



Primary Care Giver



Date



Date