

Foster Family Home - Deficiency Report

Provider ID: 1-210088

Home Name: Fitz Gerald Ibatuan, CNA

Review ID: 1-210088-7

94-736 Kaaka Street

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 8/15/2024

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 date (8/15/2024).

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 documentation provided by CCFFH of confidentiality/privacy training completed for CG#3.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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.

Comment:

41.(b)(4): No documentation provided by CCFFH of substitute caregiver disclosure form for CG#3.

41.(b)(5): Documentation provided by CCFFH of automobile insurance coverage does not meet minimum requirement of \$100,000 bodily injury damage per person. No alternate transportation plan for all caregivers provided.

41.(b)(8): No documentation provided by CCFFH of bloodborne pathogen/infection control training completed in the past 12 months for CG#1 and CG#3.

41.(b)(8): Evidence of lapse of CPR/first aid training completed for CG#1 and CG#2. CPR/first aid training was due by 1/5/2024 and completed 7/20/2024.

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: No evidence of updated caregiver sign-in and sign-out sheet.

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3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(d) Fire All caregivers and designated individuals must have been trained to implement appropriate emergency procedures in the event of a fire, natural disaster or other emergency.

Comment:

(3P)(d) Fire: No evidence by CCFFH Of CG#2 conducting a fire drill in the past 12 months.

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.

Comment:

47.(c): No documentation provided by CCFFH of list of side effects of current medications for client #1 and client #2.

Foster Family Home

Quality Assurance

[11-800-50]

50.(b) Adverse events shall be reported

50.(b)(2) A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).

Comment:

50.(b)(2): No evidence of a written adverse event report was delivered to client #2's case management agency within 72 hours regarding an ER visit.

Foster Family Home

Insurance Requirements

[11-800-51]


51.(a)(1) General;

Comment:


51.(a)(1): No evidence by CCFFH of CG#3 included in CCFFH's current general liability insurance.



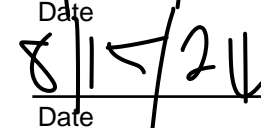
Compliance Manager



Primary Care Giver



Date



Date