

Foster Family Home - Deficiency Report

Provider ID: 4-230063

Home Name: Genevieve Magaoay, RN

Review ID: 4-230063-3

232 Anamuli Street

Reviewer: Terri Van Houten

Kahului

HI 96732

Begin Date: 7/10/2024

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 by 8/11/24.

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;

Comment:

8.(a)(1) - The CCFFH did not have evidence that a Sex Offender Registry check had been completed for CG#1 and CG#2.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(3) Inform clients about their confidentiality practices;

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) - The CCFFH did not have evidence that CG#1 and CG#2 had completed training on the confidentiality policy and procedures and client privacy rights.

16.(b)(3) - The CCFFH did not have evidence that client #1/POA had been informed of their confidentiality practices.

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

- 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.

Comment:

- 41.(b)(5) - The CCFFH did not have evidence of a current state ID/Driver's license for CG#1. Driver's license on file expired 1/1/24.
- 41.(b)(7) - The CCFFH did not have evidence of a current TB clearance on file for CG#1. Results on file expired 4/9/24.
- 41.(b)(8) - The CCFFH did not have evidence of bloodborne pathogen training within the last year for CG#1 and CG#2.
- 41.(c) - The CCFFH did not have evidence that CG#1 and CG#2 had completed the required number of inservice training hours in the last year. No inservice training certificates were present at the time of the inspection.

Foster Family Home	Grievance	[11-800-45]
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- 45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:

- 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

- 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

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

Comment:

- 45., 45.(1), 45.(2), 45.(3) - The CCFFH did not have evidence that a copy of the grievance policy and procedure had been reviewed with and a copy provided to client #1/POA.

Foster Family Home	Fire Safety	[11-800-46]
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- 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) - The CCFFH did not have evidence that fire drills had been conducted each month while a client was present. Client #1 was admitted in June 2024 and no fire drill had been conducted.

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Quality Assurance

[11-800-50]

50.(b) Adverse events shall be reported

50.(b)(1) A verbal report to the case management agency responsible for the client shall be made within twenty-four hours of the occurrence; and

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), 50.(b)(1), 50.(b)(2) - The CCFFH did not have evidence that an adverse event form had been completed for client #1's change in condition which required emergency treatment. There was no evidence that the client's CMA had been notified verbally of the event within 24 hours and in writing within 72 hrs.

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Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a) - The CCFFH did not have evidence that client #1/POA had been provided with a copy of the policy and procedure concerning client rights.

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Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:


54.(c)(5) - Medication discrepancy noted on one medication for client #1. The physician order and the MAR matched, but the prescription bottle indicated a different frequency for administration.



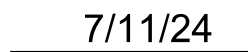
Compliance Manager



Primary Care Giver



Date



Date