

Foster Family Home - Deficiency Report

Provider ID: 1-220086

Home Name: Jeanette Sibayan, CNA

Review ID: 1-220086-5

99-147 Kalaloa Street

Reviewer: Ryan Nakamura

Aiea HI 96701

Begin Date: 7/22/2024

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 within 30 days of inspection (inspection date:7/22/2024).

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

CCFFH requests to increase to 3 bed CCFFH.

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): Lapse of 2 sets of fingerprints for CG#1 and CG#4. Fingerprints were due by 9/28/2023 and completed 11/03/2023 for CG#1 and due by 12/13/2023 and completed 1/25/2024 for CG#4.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

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): Lapse of TB clearance for CG#1 and CG#4. TB clearance due by 10/27/2023 and completed 5/14/2024 for CG#1. TB clearance due by 01/13/2024 and completed 5/16/2024 for CG#4.

41.(e): CCFFH applying to increase to 3 bed CCFFH. CG#4 is approved only for 2 bed CCFFHs.

41.(g): No documentation of caregiver skills check for CG#4 by client #1's case management agency.

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3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

Comment:

(3P)(a)(4) Staff: No documentation provided of minimum 1 year work experience for CG#4.

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Client Care and Services

[11-800-43]

43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

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.(b): Documentation provided by CCFFH shows client #2 was admitted while pending medicaid while CCFFH had a private client. Client #2 currently is medicaid at time of inspection.

43.(c)(3): No documentation of RN delegations by client #1's case management agency present for any tasks for CG#4.

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Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(4): CTA observed clients in wheelchair using front door entrance with no ramp.

49.(c)(3): No screen covering kitchen window and open allowing possibility of insects to enter.

3 Person Physical Environment

3 Person Physical Environment

(3P) Env.

(3P)(a)(3) Env. the room must be at least 140 square feet

Comment:

(3P)(a)(3) Env: CCFFH requesting to increase to 3 beds. Current shared room does not meet minimum 140 square feet. CG#1 stated she will switch shared room to her room to meet minimum required space.

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Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1): CG#4 is not included in current general liability insurance.

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Records

[11-800-54]

54.(c)(3) Current copies of the client's physician's orders;

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

Comment:

54.(c)(3): No documentation provided by CCFFH of physician signed orders for all medications prescribed to client #2.

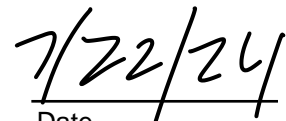
54.(c)(5): Discrepancy noted between one medication that is being administered and what is labeled in client #2's medication administrative record (MAR). No documentation provided of physician order for medication on hand or in MAR.



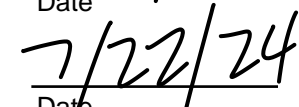
Compliance Manager



Primary Care Giver



Date



Date