

# Foster Family Home - Deficiency Report

Provider ID: 1-200047

Home Name: Jenny Ponciano, RN

Review ID: 1-200047-9

94-1132 Lumiauu Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

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 visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/22/24).

6.d.1- Client #2's 1147 lapsed on 9/1/21 and no current document was present in client's chart.

## 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#5 without any results of APS/CAN/Fingerprint.

## 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 confidentiality policies and procedures and client privacy rights training present for CG#5.

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## 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)(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.
- 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.(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)(4)- No Substitute Caregiver Disclosure form completed/present for CG#5.  
41.(b)(7)- No TB clearance result present for CG#5.  
41.(b)(8)- No blood borne pathogen and infection control, CPR/basic first aid present for CG#5.  
41.(c)- No annual in-services training present for CG#5 for the year 2023.  
41.(e)- CG#5 without a department approval substitute caregiver form.  
41.(g)- No basic skills check present for CG#5 in Client #1 and Client #2's chart/records.

## Foster Family Home

## 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 present for CG#5 for Client #1 and Client #2.

## Foster Family Home

## Fire Safety

[11-800-46]

- 46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

- 46.(b)(2)- CG#5 without evidence of having conducted a monthly fire drill for the CCFFH.

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## Foster Family Home

## Quality Assurance

[11-800-50]

- 50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:
- 50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:
- 50.(e)(2) Inspection of service sites;

Comment:

50.(a)- CG#5 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.  
50.(e), (e)(2)- CTA compliance manager waited for approximately 15 minutes outside for someone to answer the CCFFH's gate buzzer.

## Foster Family Home

## 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.

Comment:

52.(a)- No updated/current fiscal records present.

## Foster Family Home

## Records

[11-800-54]

- 54.(a)(3) A list of applicable community resources.
- 54.(c)(1) Client's vital information;
- 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;

Comment:

54.(a)(3)- No list of community resources present.  
54.(c)(1)- Client #1's vital information/face sheet was not updated to reflect current medical health insurance information/status.  
54.(c)(2)- Client #1's Service Plan dated 6/12/24 without the Client's/POA's signature.  
54.(c)(5)- There were 2 medications that were not available for Client #2.

Maibel Nakamine, RN  
Compliance Manager

Wahid Adif sec for  
Primary Care Giver

Jenny Ponciano

7/22/24  
Date

7/22/24  
Date