

Foster Family Home - Deficiency Report

Provider ID: 5-200049

Home Name: Jezzy Sokau, NA

Review ID: 5-200049-10

3914 Lawehana Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 8/12/2024

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 date (issued on 8/12/24).

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#4.

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.

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.(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 was present/completed by CG#4 and CG#5.

41.(b)(5)- CG#4 without a valid ID.

41.(b)(7)- No TB clearance result was present for CG#4.

41.(b)(8)- No CPR/First Aid certification was present for CG#5. CG#4 without a First Aid Certification present.

41.(c)- CG#5 without any hours of the required 8 hours of annual in-services for the year 2023.

41.(g)- Basic Skills Checklists in Client #1's chart for CG#3, CG#4, and CG#5 were signed by CG#1. No signatures were present of CG#3, CG#4, and CG#5 in their individual checklists' forms.

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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 RN delegations were present for CG#3, CG#4, and CG#5 in Client #1's chart. No RN delegations were present for CG#4 in Client #2's chart.

Foster Family Home

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.

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

Comment:

46.(a), (b)(2)- No monthly fire drills completed by the CCFFH from February 2024- July 2024. Last monthly fire drill was on January 2024.

CG#3, CG#4, and CG#5 were without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home

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.(d)(2) Reflected in the client's service plan; and

47.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

Comment:

47.(d), (1), (2)(3)- Client #2 was observed to be sitting in the wheelchair with a gait belt strapped to her waist. No MD order for a gait belt to be used as a restraint. Client's skin around waist with redness when checked. CG#1 was instructed to remove gait belt which was not an approved type of a wheelchair safety belt.

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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)- CCFFH refrigerator was located outside of CCFFH (garage); no wheelchair/walker access for clients.

49.(c)(3)- Toilet paper dispenser in client's bathroom was broken; sharp objects were sticking out which can possibly injure the clients.

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:

Comment:

50.(a)- CG#4 and CG#5 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

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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)- Client #1 and Client #2 with a video surveillance camera inside their bedrooms. No written consents from Clients/POAs were present.

Foster Family Home

Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

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.(b)- No signatures after each dated entries were present in Client #1's observation/progress notes documentations from 7/5/24- 7/25/24.

54.(c)(2)- Client #2's Service Plan dated 3/8/24 was missing the POA's/Client's signature.

54.(c)(5)- No Medication Administration Record (MAR) for the month of August 2024 for Client #2. There were 2 scheduled medications that were not written in the MAR for the month of August 2024.

Maribel Nakamine, RN

Compliance Manager

Primary Care Giver

8/12/24

Date

Date

8/12/24