

Foster Family Home - Deficiency Report

Provider ID: 1-561739

Home Name: Lawrence Sabangan, CNA

Review ID: 1-561739-23

94-1220 Halelehua Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 6/27/2024

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 (inspection date: 6/27/2024).

6.(d)(1): No documentation provided by CCFFH of current 1147 assessment for client #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)(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)(4): No documentation of substitute caregiver disclosure form for CG#3 and CG#5.

41.(b)(7): No documentation provided by CCFFH of current TB clearance for CG#4. TB clearance was due by 6/09/2024.

41.(B)(8): No documentation provided by CCFFH of bloodborne pathogen training and infection control training completed for CG#3 and CG#4. CG#3 was due by 5/5/2024 and CG#4 was due by 1/06/2024.

41.(g): No documentation of basic skills were checked by client #3's case management agency for CG#4.

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 documentation of caregiver sign in and out sheet in the past 12 months.

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 documentation of RN delegations were given to CG#4 by client #3's case management agency.

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3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(5) Fire shall be documented in a log with the date and time of each drill, the time it took to complete the evacuation, and names of participants

Comment:

(3P)(b)(1)(5) Fire: No documentation of monthly fire drills conducted from 08/2023 to 12/2023.

3 Person Physical Environment

3 Person Physical Environment

(3P) Env.

(3P)(a)(1) Env. The two clients must consent to share the room

Comment:

(3P)(a)(1) Env: No documentation provided by CCFFH of consent of shared room by client #1 and client #2.

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.(b)(1) Permit effective professional review by the case management agency, and the department; and

54.(b)(2) Provide information for necessary follow-up care for the client.

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(b)(1): Charts in disarray. Not all documents are found in clients' charts. Unable to find documents in timely and effective manner.

54.(b)(2): No documentation of progress notes regarding health events/change of condition for client #1 and client #3 in the past 12 months.

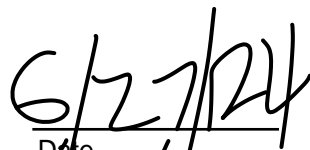
54.(c)(2): Previous two service plans for client #1 not signed by client's responsible party.

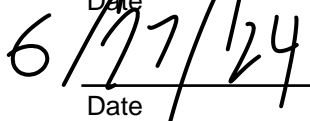


Compliance Manager



Primary Care Giver



Date


Date