

Foster Family Home - Deficiency Report

Provider ID: 1-558885

Home Name: Liza Gozum, CNA

Review ID: 1-558885-16

91-1154 Hanaloa Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 8/13/2024

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 3 bed re-certification inspection.

Client #1 is missing Form 1147.

Deficiency Report issued during CCFFH inspection via email on 8/13/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#3.

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

41.(a)(2) Be a NA, an LPN, or RN;

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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).

Comment:

41.a.2. CG#2 is not approved to work in a 3 beds CCFFH.

41.a.3. No job experience form present for CG#2.

41.b.4. No disclosure form present for CG#3.

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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) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours CG#2 and CG#3 (NA) worked in a day or week.

Foster Family Home

Records

[11-800-54]

54.(c)(1) Client's vital information;

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

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54(c)(1) Client#2 did not have a current face sheet on file.

54(c)(5) MAR was not documented daily for Client #1 and Client #2. Sheet not completed from 8/3/24 to 8/12/24. New MARs are needed because some medications are unreadable.

54(c)(6) Client #2 did not have evidence of RN monthly visit notes for from 1/2024 to 3/2024 and 5/2024 to 6/2024.

Compliance Manager

Primary Care Giver

Date

Date