

# Foster Family Home - Deficiency Report

**Provider ID:** 4-510869

**Home Name:** Luz Alonzo, CNA

**Review ID:** 4-510869-18

508 South Kamehameha  
Avenue

**Reviewer:** Terri Van Houten

Kahului HI 96732

**Begin Date:** 7/3/2024

Foster Family Home	Required Certificate	[11-800-6]
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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 by 8/3/2024.

42. The CCFFH did not have evidence that an 1147 had been completed for client #1.

Foster Family Home	Background Checks	[11-800-8]
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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) - The CCFFH did not have evidence that HHM#4 had current fingerprint results. Results on expired 9/27/23. Ecrim on file was also expired. (Due for renewal 8/26/21.). HHM#4 did not have evidence that a sex offender registry check had been completed.

8.(a)(1) - The CCFFH did not have evidence of a fingerprint, APS/CAN result for CG#7,

8.(a)(2) - The CCFFH did not have evidence that HHM#4 had current APS/CAN results. Results on file expired 9/27/23.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(1) Have written policies and procedures that relate to confidentiality and privacy rights of applicants and recipients;

16.(b)(2) Safeguard all confidential information about applicants and recipients of services;

16.(b)(3) Inform clients about their confidentiality practices;

Comment:

16.(b)(1), 16.(b)(2), 16.(b)(3) - The CCFFH did not have evidence that client #1 had been informed of or provided with a copy of the Confidentiality practices.

# Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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- 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).

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- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

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Comment:

- 41.(a)(3) - The CCFFH did not have evidence of work experience for CG#8.
  
- 41.(b)(4) - The CCFFH did not have a current (up to date) disclosure form for CG#1 that accurately reflected the number of adult and minor HHMs residing at the CCFFH.
  
- 41.(b)(4) - The CCFFH did not have evidence of a disclosure form for CG#8
  
- 41.(b)(5)(c) - The alternate transportation plan had not been updated to include CG#6, CG#7, and CG#8.
  
- 41.(f)(1) - The CCFFH did not have evidence of a current TB clearance for HHM #3 and HHM #4.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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- (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.

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Comment:

- (3P)(b)(2) Staff - The CCFFH did not have evidence that a 3 bed sign out log was being maintained. CG#1 left the CCFFH twice for short periods of time, and CTA had not observed the sign out log being completed. CG#2 who remained with the client's while CG#1 was away was unable to locate the sign out log.

Foster Family Home	Client Care and Services	[11-800-43]
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- 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.

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Comment:

- 43.(c)(3) The CCFFH did not have evidence that CG#7 or CG#8 had received a basic skills training for client #2.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Grievance

[11-800-45]

45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:
- 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;
- 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and
- 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45., 45.(1), 45.(2), 45.(3) - The CCFFH did not have evidence that the Grievance policy had been reviewed with a provided to client #1.

## Foster Family Home

## Client Rights

[11-800-53]

- 53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a) - The CCFFH did not have evidence that client #1 had been informed of and provided with a copy of the client rights.

## Foster Family Home

## Records

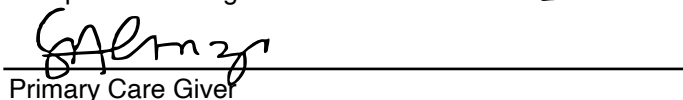
[11-800-54]

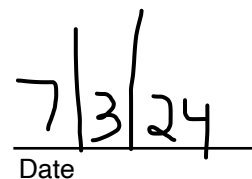
- 54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) - The CCFFH did not have evidence of daily documentation on the MAR for client #1. Last documentation was from 7/1/24.

  
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Compliance Manager

  
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Primary Care Giver

  
\_\_\_\_\_  
Date

7/06/2024  
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Date