

Foster Family Home - Deficiency Report

Provider ID: 2-510760

Home Name: Mercedita Tiangsing, CNA

Review ID: 2-510760-17

15-1385 29 Poni Moi Street

Reviewer: Maribel Nakamine

Keaau

HI 96749

Begin Date: 7/11/2024

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/11/24).

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#2 and CG#3's APS/CAN lapsed on 10/15/23 and was not renewed until 12/28/23. Ecrim for CG#2 and CG#3 lapsed on 6/14/23 and was not renewed until 6/29/23.

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

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.

Comment:

41.(c)- CG#3 was short of 6 hours of the required 12 hours annual in-services for the year 2023.

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)- CG#2 and CG#3 without evidence of having had the RN delegations on GT feeding and medication administrations for Client #1.

No RN delegations present for CG#1, CG#2, CG#3, and CG#4 for Client #2.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

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

Comment:

(3P) (b)(1) Fire- No monthly fire drill present for the month of June 2024.

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Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications' side effects present for Client #1.

Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

49.(e) The home shall have policies regarding smoking on the property that:

Comment:

49.(c)(3)- Client #1 and Client #2's window latches were broken, and some were missing. Unable to open/close window jalousies.

49.(e)- CCFFH without a policy for smoking.

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)- CCFFH without an Emergency Preparedness Plan. No evidence of training for CG#2, CG#3, and CG#4.

Foster Family Home Client Rights [11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15)- CCFFH without a visiting policy present.

Foster Family Home Records [11-800-54]

54.(a)(3) A list of applicable community resources.

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

Comment:

54.(a)(3)- CCFFH without a community resource list/access online.

54.(c)(2)- Client #2's Service Plan dated 5/13/24 without the POA's signature.

Maisel Nakamine, RN 7/11/24
Compliance Manager Date
M Siangy 7/11/24
Primary Care Giver Date