

Foster Family Home - Deficiency Report

Provider ID: 4-170055

Home Name: Michael Suzuki, NA

Review ID: 4-170055-14

607 A South Kamehameha Avenue

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 5/10/2024

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of issuance.

HAR §11-800-2 Definitions. As used in this chapter.

"Certificate of approval" or "certificate" means the certificate issued by the department which authorizes a person, agency, or organization to operate a community care foster family home.

"Community care foster family home" or "home" means a home as defined in section 321- 481, HRS.

"Primary Caregiver" means an individual who is directly responsible for the supervision and care of the client.

§11-800-6 Required license or certificate of approval. (b) Any person, agency, or organization that wants to operate a home as a community care foster family home to provide, for a fee, twenty-four-hour living accommodations, including personal care and homemaker services for adults who have nursing facility level of care needs and are not related to the person providing the care, shall obtain a certificate of approval from the department.

A primary caregiver cannot operate two CCFFHs as they are the individual primarily responsible for the clients who reside in their own CCFFH. They cannot act as both a primary caregiver and a substitute caregiver simultaneously. A substitute caregiver cannot provide oversight for more than one CCFFH simultaneously. The rules state any person that wants to operate 'a' home. This rule indicates a person may operate only one CCFFH.

The CG(#3) present on the property at the time of CTA arrival was acting in the role of a PCG for this CCFFH and for the CCFFH next door. One CG(#3) was present for both CCFFHs on the property. CG#3 in this CCFFH was caring for 1 client in this CCFFH and 2 clients in the CCFFH next door. The CCFFH was caring for more clients than it is certified for, a total of 3 clients. CG#3 was approved as a less than 3-hour caregiver and was not permitted to supervise more than 2 clients at a time.

CG#2 (from the other CCFFH on the property) and CG#3 both verbally confirmed that CG#3 had been instructed to oversee the clients at both CCFFHs on the property while all other CGs were out of the CCFFH.

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Foster Family Home

Personnel and Staffing

[11-800-41]

- 41.(b)(5)(C)(iv) Use of an insured vehicle;
- 41.(d) The substitute caregiver who provides three or more hours of services per day to a client shall, at a minimum, be a NA.
- 41.(j) When the primary caregiver will be absent or unable to perform regular duties, and clients are present, the primary caregiver shall:
- 41.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

41.(b)(5)(C)(iv) - The CCFFH did not have evidence that CG#3 and CG#4 had an alternate transportation plan or access to an insured vehicle meeting minimum insurance coverage.

41.(d) - CG#3 was present on the property upon CTA's arrival and was responsible for one (1) client at this CCFFH and two (2) clients at the CCFFH on the same property. CG#3 was approved as a less than 3-hour caregiver and was not a nurse assistant (NA). It was unknown how long CG#3 was present by themselves overseeing two CCFFHs, as a 3-client sign on log is not required in a 2 client CCFFH.

41.(j), 41.(j)(2) - Upon CTA's arrival to the CCFFH, no CG was present inside either of the CCFFHs on the property. CG#3 was located in a bedroom that is at the back of the property which is separate from both CCFFHs. CG#3's room door was closed and had not responded to the doorbell, knocks on the door, or calling out for a caregiver by the CTA compliance manager.

Foster Family Home

Fire Safety

[11-800-46]

- 46.(b)(1) The client who is bed bound or unable to make independent decisions about individual safety shall have a designated person available at all times capable of evacuating the client; and

Comment:

46.(b)(1) - Client #1 was bed bound and unable to call for assistance or self-evacuate. There was no CG present inside of the CCFFH to respond to the client in the event of an emergency.

Foster Family Home

Medication and Nutrition

[11-800-47]

- 47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e) - Client #1 was being provided with a minced/pureed diet with thickened liquids. The CCFFH did not have a MD order for a special diet nor instructions/delegations on how to properly prepare a minced/pureed diet or thickened liquids. The CCFFH did not have specific instructions related to the needed consistency of liquids to be given to client #1. CG# 3 stated the liquids are prepared to a consistency that the client can tolerate without coughing.

Foster Family Home

Client Account

[11-800-48]

- 48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a) - The CCFFH did not have evidence that client #1's personal needs allowance (PNA) was being expended on the client's behalf. No documentation was present in the client's record indicating who was responsible for the client's PNA.

Foster Family Home - Deficiency Report

Foster Family Home

Physical Environment

[11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3) - Upon arrival to the CCFFH, CG#3 was in a bedroom with the door closed that is separate from the CCFFH. Client #1 has an audio monitor in their bedroom and the receiver is located inside of CG#2's bedroom. The receiver was noted to be placed on a desk behind clutter. CG#3 was listening to music on their computer and had a floor fan on upon my entrance to the room. CG#3 was not able to hear client #1, nor is client #1 able to call for assistance.

Foster Family Home

Records

[11-800-54]

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;

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;

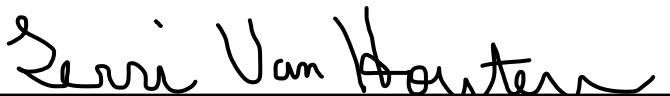
Comment:

54.(c)(2) - Client #1's service plan included a minced/pureed diet and the use of thickened liquids. The service plan did not address swallowing difficulty or aspiration precautions.


54.(c)(5) - The CCFFH did not have evidence that medication administration was documented daily. The last date of medication administration documentation was on 4/7/24. Noted CG#3's initials on the MAR but no signature was included.

54.(c)(6) - The CCFFH did not have evidence that activities of daily living (ADL) was documented daily. The last date of ADL documentation was on 4/7/24. Noted CG#3's initials on the ADL flowsheet but no signature was included.

54.(c)(6) - Client #1 is noted as deaf, legally blind, and non-verbal. Monthly RN visit notes indicate that the client is able to adequately communicate their needs and wants. CG#3 and CG#4 confirmed that client #1 is not able to make their needs known.



Compliance Manager



Date

Primary Care Giver

Date

Foster Family Home - Deficiency Report

Foster Family Home

Physical Environment

[11-800-49]

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Foster Family Home

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[11-800-54]

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Comment:

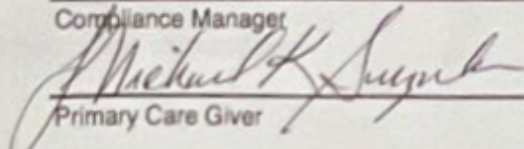
54.(c)(2) - Client #1's service plan included a minced/pureed diet and the use of thickened liquids. The service plan did not address swallowing difficulty or aspiration precautions.

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Compliance Manager



Primary Care Giver

Date

7/12/2024

Date

Foster Family Home - Deficiency Report

Foster Family Home

Physical Environment

[11-800-49]

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Compliance Manager

Primary Care Giver

Date

7/12/2024

Date

CTA RN Compliance Manager: Terri Van Houten

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Michael Suzuki
(PLEASE PRINT)

CCFFH Address: 607-A South Kamehameha Ave., Kahului, HI 96732
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41(b)	Alternate transportation plan done for CG#3 & CG#4. It was placed into home record.	7/21/2024	PCG will check all forms are updated using spread sheet
41(d)	<ul style="list-style-type: none">• Home added additional approved SCG to have additional cover up when other SCG is not available.• Home used delivery services when there's no available SCG to cover up.• Home scheduled all appointments in the afternoon when another SCG is available to cover up.	8/7/2024	Home will use a plan of coverage for all the days that PCG will be out of CCFFH for errands, appointments & emergencies.

All items that were corrected are attached to this POC

PCG's Signature: Michael Suzuki

Date: 8/7/2024

CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Michael Suzuki

CCFFH Address: 607 A South Kamehameha Ave, Kahului, HI 96732
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41(j) 41(j)(2)	Action in this violation cannot be corrected	7/17/2024	Surveillance camera connected to the phone (except client's room) was installed to monitor caregiver that is assigned in the house to make sure that SCA will stay there with the client all the time.
46(b)(1)	Action in this violation cannot be corrected	7/17/2024	Home installed surveillance camera (except client's room) that is connected to the phone to make sure SCA stays in the home all the time.
47(e)	MD order was obtained. It was placed into client record.	6/6/2024	Home will notify MD on any changes on her diet consistency. Using spreadsheet will prevent this from happening again in the future.

All items that were corrected are attached to this POC

PCG's Signature: _____

Michael Suzuki

Date: _____

8/7/2024

CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Michael Suzuki
(PLEASE PRINT)

CCFFH Address: 607-A South Kamehameha Ave, Kahului, HI 96732
(PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
47(e)	RN delegation was done for all caregivers by the client CMA RN. It was placed into client record.	7/11/2024	Home will notify client's CMA that RN delegation needs to be done right after MD's order of changes. Spread sheet will be used.
48(a)	Signed letter obtained from family for PnA. It was placed into client's record.	7/13/2024	Home will update & check forms whenever admitting new patients, spread sheet will be used.
49(b)(3)	Action in this violation cannot be corrected.	7/17/2024	Surveillance camera (except client's room) connected to PCG's phone to monitor caregivers that is watching the client is inside the home all the time was installed.
54(c)(2)	Service plan for client #1 was corrected by CMA's RN. It was placed into client record.	7/13/2024	Home will notify client's RN that service plan needs to be updated on the changes. Check lists will be used.

All items that were corrected are attached to this POC

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Date: 8/7/2024

CTA has reviewed all corrected items

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Written Plan of Correction (POC)
Chapter 11-800

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CCFFH Address: 607A South Kamehameha Ave., Kahului, HI 96732
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54(c)(5)	Actions on this violation cannot be corrected.	7/31/2024	Home/PCA will use spread sheet on forms to check everyday to not miss any form. And will educate CCA#3 & other caregivers on charting & signing everyday.
54(c)(6)	Actions in this violation cannot be corrected.	7/31/2024	Home will use checklist on all forms or note on all forms to be checked everyday. Will reiterate to all CCAs the importance of charting & to not forget to sign.
54(c)(6)	Actions in this violation cannot be corrected.	7/1/2024	Home will notify CMA's RN to update monthly visit in correspondence with the client present condition. Will use check list in the future.

All items that were corrected are attached to this POC

PCG's Signature: Michael K Suzuki

Date: 8/7/2024

CTA has reviewed all corrected items