

Foster Family Home - Deficiency Report

Provider ID: 4-594029

Home Name: Norita Morrison, CNA

Review ID: 4-594029-18

20 Keonelo Street

Reviewer: Terri Van Houten

Wailuku

HI 96793

Begin Date: 8/19/2024

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 iss9/19/2024.

42(a) - The CCFFH did not have evidence of an 1147 for client #1 since admission in 2023. The 1147 for client #2 had expired on 3/1/24

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - The CCFFH did not have evidence of a Sex Offender Registry check for CG#1, 2, or 3.

Foster Family Home Information Confidentiality [11-800-16]

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

16.(c) Information about an applicant or recipient shall not be used or disclosed unless;

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

16.(c)(2) The use or disclosure is specifically permitted under applicable federal or state rules or regulations.

Comment:

16.(b)(3) - The CCFFH did not have evidence that client # 1/POA had been informed of the confidentiality practices.

16.(c), 16.(c)(1), 16.(c)(2) - The CCFFH did not have evidence that client #1/POA had been provided with a consent form to disclose information.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(a)(2) Be a NA, an LPN, or RN;

- 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)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

- 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.(a)(2) - The CCFFH did not have evidence of a CNA registry verification for CG#1.
- 41.(b)(4) - The CCFFH did not have evidence of a current CG disclosure for CG#1 that accurately reflected the current number of individuals residing in the CCFFH.
- 41.(b)(8) - The CCFFH did not have evidence that CG#2 had completed bloodborne pathogen training in the last 12 months.
- 41.(c) - The CCFFH did not have evidence that CG#2 had completed the required number of inservice hours in the last 12 - 24 months. (12 hours in the last 12 months or 24 hours in the last 24 months.)

Foster Family Home	Grievance	[11-800-45]
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- 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 client #1/POA had been informed of an provided with a copy of the CCFFH grievance policy.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire - The CCFFH did not have evidence that a fire drill had been completed monthly for the last 12 months. Fire drill documentation was missing from May 2024 and July 2024.

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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/POA 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;

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;

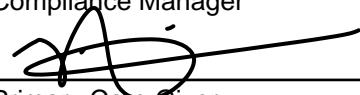
Comment:

54.(c)(5) - The CCFFH did not have evidence that daily documentation had been completed on the MAR for client #1 and client #2. Client #1's July MAR was incomplete, and the August MAR had not been initiated. Client #2's MAR had not had the August MAR initiated.

54.(c)(6) - The CCFFH did not have evidence that a daily observation care sheet was being maintained for client #1. There was no daily observation care sheet initiated for July and August 2024.



Compliance Manager



Primary Care Giver

8/19/24
Date
8/19/24
Date