

Foster Family Home - Deficiency Report

Provider ID: 1-509648

Home Name: Roina Dumalag, CNA

Review ID: 1-509648-17

94-1107 Hilihua Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 7/24/2024

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 7/24/24).

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)- HHM#1's APS/CAN lapsed on 1/12/24 and Ecrim lapsed on 12/14/23. No current results were present.

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

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.(b)(8)- CG#2's CPR/basic first aid certification lapsed on 12/27/23 and no current certificate was present. CG#4's blood borne pathogen and infection control certification lapsed on 1/19/23 and no current certificate was present.

41.(c)- CG#4 lacked the required annual in-service training for the year 2022 and 2023; also, none for 2024.

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

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P) (b)(2), (b)(6) Fire- No nighttime monthly fire drill conducted for the past 12 months; CG#3 and CG#4 without evidence of having conducted a monthly fire drill for the past 12 months.

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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)- CG#1, CG#2, CG#3, CG#4, and CG#5 were without evidence of having been trained with Client #1's specialized diet/liquid consistency needs.

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Physical Environment

[11-800-49]

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

Comment:

49.(c)(3)- Toilet rails in clients' bathroom were loose/wobbly; possibly might injure clients.

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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)- CG#2 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

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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.(e) When a client leaves a home, all records and reports kept by the home shall be given to the case management agency.

Comment:

54.(c)(2)- Client #1's current Service Plan 4/19/24 did not reflect the client's current/specialized diet that caregivers were currently providing.

Client #2's current Service Plan dated 5/20/24 was not signed by the client.

54.(c)(5)- Medication discrepancies were noted for Client #1 and Client #2.

Client #1- one medication was not transcribed in the client's Medication Administration Record (MAR). One medication's label and MD's order did not match the client's MAR.

Client #2- there were 4 medications in client's bin that did not have MD's order and were not transcribed in client's MAR. There were 3 medications that were listed in client's MAR but was not available on hand. One medication was not discontinued in client's MAR.

54.(e)- A previous/discharged client chart was seen inside a client's empty bedroom; was not returned to client's case management agency.

Maibek Nakariva, RN
Compliance Manager
dh. wa SSG for Luine
Primary Care Giver Dundey

7/24/24
Date
7/24/24
Date