

# Foster Family Home - Deficiency Report

Provider ID: 1-620832

Home Name: Carmelita Makolo, CNA

Review ID: 1-620832-18

94-168 Kupuna Loop

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 10/9/2024

## 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 issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 10/09/2024).

## 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): No evidence of current criminal background check completed in the past 2 years for CG#4. Ecrim clearance was due by 9/08/2024.

8.(a)(2): No documentation provided by CCFFH of current APS/CAN clearance for CG#4. No documentation provided.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(7): No evidence provided by CCFFH of CG#1, CG#2, and CG#4 of current TB clearance. TB clearance was due by 4/07/2024 for CG#1, 4/13/2024 for CG#2, and 8/26/2024 for CG#4.

41.(b)(8): No evidence of bloodborne pathogen training was completed by any caregiver within the past 12 months. Training was due by 1/5/2024 for all caregivers.

41.(g): No evidence provided by CCFFH of basic caregiver skills were checked by client #1's case management agency for CG#4.

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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): No documentation provided by CCFFH of RN delegations of O2 administration by client #1 and #3's case management agency were given to any caregivers. No RN delegation of suprapubic catheter care was given by client #2's case management agency for any caregivers. No RN delegation of rectal suppository medication administration by client #3's case management agency for any caregivers.

43.(c)(3): No evidence provided by CCFFH of CG#4 received any RN delegations by client #1's case management agency.

Foster Family Home

Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): No evidence provided by CCFFH of fire drills were conducted monthly at different times of day, evening, and night. Last fire drill was conducted on 12/15/2023.

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)(8) Personal inventory.

Comment:

54.(c)(2): Client #1's service plan did not address client is on hemodialysis.

54.(c)(5): Multiple discrepancies noted on client #1's medication administrative record (MAR) compared to physician's order and medication label regarding dose to be given and frequency.

54.(c)(5): 1 discrepancy noted on client #2's MAR compared to physician order's frequency of medication to be given. 1 Medication not listed on client #2's MAR.

54.(c)(8): No documentation provided of inventory of client #1's personal belongings.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

10/9/24  
\_\_\_\_\_  
Date  
10/9/24  
\_\_\_\_\_  
Date