

Foster Family Home - Deficiency Report

Provider ID: 4-130063

Home Name: Carmelita Quemado, CNA

Review ID: 4-130063-16

430 Puolo Place

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 9/18/2024

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 via email following the CCFFH inspection with written plan of correction due to CTA within 30 days of issuance.

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)- The CCFFH did not have evidence that a sexual predator registry check had been completed for CG#1, #2, #3, and #6.

8.(a)(2) - The CCFFH did not have evidence of a current APS/CAN for CG#3 (expired 6/16/24) and #4 (expired 2/27/24).

Foster Family Home Reporting Changes [11-800-12]

12.(4) In the household composition or structure of the home; and

Comment:

12.(4) - The CCFFH did not have evidence of documentation of the dates that CG#2, CG#5, and CG#7 were removed from services.

Foster Family Home - Deficiency Report

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

- 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)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

- 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.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

- 41.(b)(4) - The CCFFH did not have a current CG disclosure form for CG#1 reflecting that one HHM had moved out.
- 41.(b)(5)(C) - The CCFFH did not have evidence that CG#4 and #6 were included on the alternate Transportation plan.
- 41.(b)(7) - The CCFFH did not have evidence of a current TB clearance/Exclusion was on file for CG#6 (Exp 4/10/24).
- 41.(b)(8) - The CCFFH did not have evidence of current bloodborne pathogen training/Infection control for CG#3 (expired 1/2024) and CG#4 (expired 8/31/24).
- 41.(e) - The CCFFH did not have evidence that a prometric registry check had been completed for CG#1, #4, and #6.
- 41.(f)(1) - The CCFFH did not have evidence of a current TB clearance/Exclusion was on file for 2 minors residing in the CCFFH.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
-------------------	--------------------------------	------------

- (3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

- (3P)(b)(2) Staff - The CCFFH did not have evidence that a 3 client sign out record was being maintained. Unable to determine who provided coverage while CG#1 was away from the CCFFH and if hour restrictions were maintained for nurse assistant CGs.

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) - The CCFFH did not have evidence that RN delegations had been provided to all CGs for oxygen administration as needed, and inhaler administration for client #1.
- 43.(c)(3) - The CCFFH did not have evidence that RN delegations were provided to CG#6 for client #2.

Foster Family Home - Deficiency Report

**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

- (3P)(b)(1) Fire shall be conducted monthly
- (3P)(b)(2) Fire shall be held at different times of the day, evening, and night
- (3P)(b)(3) Fire shall be held under varying conditions, e.g., eating, visiting, bath times, etc.
- (3P)(b)(4) Fire shall include testing of smoke detectors
- (3P)(b)(5) Fire shall be documented in a log with the date and time of each drill, the time it took to complete the evacuation, and names of participants
- (3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1) Fire, (3P)(b)(2) Fire, (3P)(b)(3) Fire, (3P)(b)(4) Fire, (3P)(b)(5) Fire, (3P)(b)(6) Fire - The CCFFH did not have evidence that fire drills were being conducted monthly and that all CGs had conducted a fire drill in the last 12 months. Last documented fire drill was conducted in August 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)(3) Current copies of the client's physician's orders;
- 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) - The CCFFH did not have evidence that the current service plan had been signed by the client/POA for client #1.
- 54.(c)(2) - The CCFFH did not have evidence that services were being provided per the service plan for client #1. SP indicated that vital signs were to be checked twice daily. The CCFFH did not have consistent documentation that vital signs were checked twice daily.
- 54.(c)(3) - The service plan for client #1 indicated client was to receive oxygen per nasal cannula as needed. The CCFFH did not have evidence of an MD order for oxygen.
- 54.(c)(5) - Medication discrepancy noted for client #2 and client #3. Over the counter medication on hand did not match the specific medication ordered by the MD.
- 54.(c)(5) - Medication discrepancy noted for client #3. The medication order was changed in March 2024, and the prescription bottle on hand did not match the MD order or the MAR.
- 54.(c)(6) - The CCFFH did not have evidence of accurate daily documentation for client #3. Client #3's SP indicated vital signs check daily. The CCFFH had evidence that vital signs were being documented weekly.

Seri Van Houten

Compliance Manager

Chiquita

Primary Care Giver

9/19/24

Date

9/19/24

Date