

Foster Family Home - Deficiency Report

Provider ID: 1-200048

Home Name: Clarabelle A. Vallo, NA

Review ID: 1-200048-9

91-1142 Haiano Place

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 10/1/2024

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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 10/2/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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) APS/CAN checks were overdue for CG#3. APS/CAN was due on or before 9/16/2024 and is not present in the CCFFH file.

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.(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.

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) CCFFH did not have evidence of current TB clearance or exclusion for CG#4. CG#4 TB clearance expired, was due on/before 10/17/2023.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG# 4. It was due on/before 8/30/2024.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1, #2, #3, and #4. CG#1 requires 12 hours of in-service training, but had only 7 hours attended in 2023. CG#2, #3, #4, was required to have 8 hours in 2023, but only have 4 hours each.

41.g. No basic skills check present in record for CG# #3 and #4 for Client #1.

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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 RN delegation present for Client #1 for CG# 3 and #4.

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Fire Safety

[11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG# 1 did not have evidence of conducting a monthly fire drill within the past 12 months.

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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;

54.(c)(8) Personal inventory.

Comment:

54(c)(5) No MAR present for 8/19/2024 to October 2024 for Client# 1.
No MAR present for 3/2024 to 6/2024 and 8/2024 to October 2024 for Client# 2.

54(c)(6) No ADL flow sheet present for Client# 1 for 8/19/2024 to October 2024.
No ADL flow sheet present for Client# 2 for 3/2024 to 6/2024 and 8/2024 to October 2024.


Client # 1 did not have evidence of RN monthly visit notes, last note was on 12/16/2023.
Client # 2 did not have evidence of RN monthly visit notes, last note was on 11/27/2023.


54(c)(8) Client#1 did not have evidence that a personal inventory log has been initiated and/or maintained.



Compliance Manager


Primary Care Giver



Date


Date