

Foster Family Home - Deficiency Report

Provider ID: 1-090062

Home Name: Editha Soria, NA

Review ID: 1-090062-12

94-492 Hiwahiwa Way

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/28/2024

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 recertification inspection.

Deficiency Report emailed to CCFFH with plan of correction due to CTA within 30 days of issuance (issued on 8/29/24).

6.d.1- Client #2 without a current 1147 in chart/CCFFH records.

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

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for HHMs living behind the CCFFH's kitchen sliding door.

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

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

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

41.(f)(2) Background checks

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)(4)- CG#1's Primary Caregiver Disclosure was not updated to reflect the CCFFH's current household members.

41.(b)(7)- CG#1's TB clearance lapsed on 7/28/24 and no current clearance was present.

41.(f),(f)(1), (f)(2)- CCFFH with a sliding door located in the kitchen. Per CG#1 (PCG), there were other people occupying the unit behind the sliding door and considered to be household members. There were no background checks and TB clearances/exemptions present during CCFFH survey/inspection.

41.(g)- No basic skills check present for CG#4 and CG#5 in Client #1's records/chart.

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Foster Family Home Client Care and Services [11-800-43]

43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

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.(b)- CCFFH with 2 private pay clients. Client #1 and Client #2 both were Private Pay status.
43.(c)(3)- No RN delegations present for CG#4 and CG#5 in Client #1 and Client #2's records/chart.

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.

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

Comment:

46.(a), (b)(2)- CCFFH without evidence of having conducted the monthly fire drills. CG#1, CG#4, and CG#5 without any records of having conducted the CCFFH's monthly fire drills.

Foster Family Home Physical Environment [11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4)- CCFFH clients' bathroom shower with a step-up ; wheelchair/walker unable to safely access.

Foster Family Home Fiscal Requirements [11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a), (b), (c)- CG#1 was unable to provide documents of any fiscal records, budget, tax returns, etc. during CCFFH survey.

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Records

[11-800-54]

54.(c)(1) Client's vital information;

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;

Comment:

54.(c)(1)- Client #2's vital information sheet was missing the client's medical insurance information.

54.(c)(2)- Client #1's Service Plan dated 6/1/24 without the client's POA/client's signature. Client #2 without a Service Plan present in chart/CCFFH's records.

54.(c)(3)- Client #1 without an MD's Admission Order present in Client's chart/CCFFH records.

Marietta Nakamine, RN 8/29/24

Compliance Manager

Deirdra Sora

Primary Care Giver

Date

8/29/24

Date