

# Foster Family Home - Deficiency Report

Provider ID: 4-100012

Home Name: Julie Bonilla, CNA

Review ID: 4-100012-20

1025 Kokomo Road

Reviewer: Terri Van Houten

Haiku HI 96708

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 by 11/9/2024.

## 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;

Comment:

8.(a)(1) - The CCFFH did not have evidence for a Sex Offender Registry check for CG#1, #2, #3, #4, #6 and HHM#1, #3, and #4

8.(a)(1) - The CCFFH did not have evidence of a fingerprint for HHM#3 and #4.

## 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 that a change in household composition had been reported to the department. Two additional household members were added 9/3/2024.

## 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) - The CCFFH did not have evidence that HHM#1, #3, and #4 had received confidentiality training.

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## Foster Family Home

## Personnel and Staffing

[11-800-41]

- 41.(a)(2) Be a NA, an LPN, or RN;
- 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)(C)(ii) Have a current tuberculosis clearance;
- 41.(b)(5)(C)(iv) Use of an insured vehicle;
- 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.(a)(2) - The CCFFH did not have evidence that a CNA Prometric Registry check was completed for CG#1, #2, #3, #4, and #5.
- 41.(b)(4) - The CCFFH did not have evidence of an updated disclosure form for CG#1 reflecting the accurate number of household members residing in the CCFFH.
- 41.(b)(5)(C)(ii) -The CCFFH did not have evidence of a current TB clearance for CG#4. The results on file expired 10/5/24.
- 41.(b)(5)(C), 41.(b)(5)(C)(iv) - The CCFFH alternate transportation plan indicated that CG#4 was permitted to provide non-urgent transport for clients. The CCFFH did not have evidence of current automobile insurance coverage for CG#4.
- 41.(b)(8) - The CCFFH did not have evidence that CG#2 had current first aid training.
- 41.(g) - The CCFFH did not have evidence of a basic skills check completed for CG#6.

## 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 CG#6 had received RN delegations for Client #1, #2, or #3.

## Foster Family Home

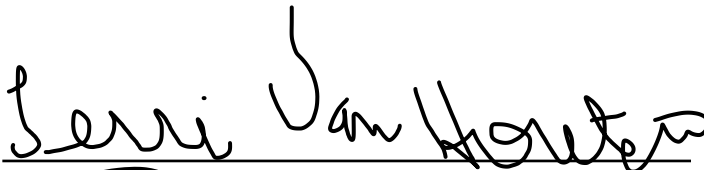
## Records


[11-800-54]

- 54.(c)(5) Medication schedule checklist;

Comment:

- 54.(c)(5) - Medication discrepancy noted for CG#3. Medication present in the client supplies but was not listed on the MAR. Unable to locate an order to discontinue the medication.

  
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Compliance Manager

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

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

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