

Foster Family Home - Deficiency Report

Provider ID: 1-200002

Home Name: Lorelei Ferrer, CNA

Review ID: 1-200002-11

91-1011 Kumimi Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 9/16/2024

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 3 bed re-certification inspection.

Client #1 is missing From 1147.

Deficiency Report issued during CCFFH inspection via email on 9/16/2024 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)(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) Fingerprint was overdue for CG#3. Fingerprint was due on or before 3/20/2024 is not present in the CCFFH file.

8(a)(2) APS/CAN checks were overdue for CG#4. APS/CAN was due on or before 5/17/2024 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.(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#2.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG# 4. It was due on/before 4/19/2024.

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

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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) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours CG#3 (NA) worked in a day or week.

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) No RN delegation present for Client # 2 for CG#2,CG#3, CG#4.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(6) The CCFFH did not have evidence that fire drills had been conducted monthly to included each CG at least once per year. Missing fire drill for May, June, and August 2024. CG#3 and CG#4 did not conduct a fire drill in the past 12 months.

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)(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) No current service plan present for Client# 1. None on file.

54(c)(5) No MAR present for September for Client# 3. MAR was not documented daily. Sheet not completed from 822/24 to 8/31/24.

Client #2 MAR was not documented daily. Sheet not completed from 9/4/24 to 9/15/24.

54(c)(6) No ADL present for September for Client# 3. ADL was not documented daily. Sheet not completed from 822/24 to 8/31/24.

Client #2 ADL was not documented daily. Sheet not completed from 9/4/24 to 9/15/24.

Compliance Manager

Primary Care Giver

Date

Date