

Foster Family Home - Deficiency Report

Provider ID: 1-594045

Home Name: Marizel Bolosan, CNA

Review ID: 1-594045-17

98-1524 Hoomahie Loop

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 9/24/2024

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 9/24/24).

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), (2)- CG#4's APS/CAN & Ecrim lapsed on 3/28/24 and no current results were present.

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 CG#4, HHM#3, and HHM#4.

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 delegations for CG#4 in Client #1's chart/records.

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

Comment:

(3P)(b)(1), (2) Fire- No monthly fire drill completed/present for the months of May 2024 thru August 2024 and no nighttime fire drill conducted.

(3P)(b)(6)Fire- CG#4 without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#4 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- CCFFH with use of video surveillance equipment in the hallway, dining area/living room, & inside Client #1's bedroom; no authorization/consents present from Client #1, Client #2, and Client #3's POAs. Use of video surveillance without proper consent is a violation of clients' privacy rights.

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;

Comment:

54.(c)(2)- Client #1's Service Plan was not updated to reflect the client's specialized diet. Also, there was no POA's signatures of Service plan dated 7/1/24. Client #2's Service Plans dated 8/1/24 & 2/1/24 were without the client POA's signatures. Client #3's Service Plan dated 8/27/24 without the POA's signature.

54.(c)(3)- Client #1 was missing an MD's order/prescription for one medication.

Maribel Nakamine, RN
Compliance Manager
Margel Salazar
Primary Care Giver

Date 9/24/24
Date 9/24/24