

# Foster Family Home - Deficiency Report

Provider ID: 1-569949

Home Name: Patricia Nicolas, CNA

Review ID: 1-569949-17

2008 Kealoha Street

Reviewer: Ryan Nakamura

Honolulu

HI 96819

Begin Date: 9/3/2024

## 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 within 30 days of inspection (inspection date: 9/3/2024).

## 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;

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): Evidence of lapse for criminal background clearance for CG#1, CG#4, CG#5, and CG#6. Ecrim was due by 7/21/2024 and completed on 8/5/2024 for CG#1; CG#4 and CG#5 completed on 8/9/2024; CG#6 completed on 8/26/2024.

8.(a)(2): Evidence of lapse for APS/CAN for CG#6. APS/CAN clearance was due by 8/3/2024 and completed 8/27/2024.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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).

Comment:

41.(a)(3): No documentation provided by CCFFH of at least on year work experience for CG#6.

41.(b)(4): No evidence of substitute caregiver disclosure form completed by CG#6.

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

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

(3P)(d) Fire All caregivers and designated individuals must have been trained to implement appropriate emergency procedures in the event of a fire, natural disaster or other emergency.

Comment:

(3P)(b)(1) Fire: No documentation provided by CCFFH of fire drill conducted monthly. No documentation provided of fire drill conducted 8/2024.

(3P)(d) Fire: No documentation provided by CCFFH of CG#2 conducted a fire drill in the past 12 months.

# Foster Family Home - Deficiency Report

Foster Family Home

Physical Environment

[11-800-49]

- 49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;
- 49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.
- 49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

- 49.(a)(4): Exit nearest to clients' bedrooms obstructed and is not wheelchair accessible.
- 49.(b)(3) Camera found in common hallway facing client #1, #2, and #3's bedrooms. There were no consent forms for use of video surveillance equipment. Use of video is a violation of client privacy without proper consent.
- 49.(c)(3) CTA found multiple live small insects found in kitchen area.

Foster Family Home

Records

[11-800-54]

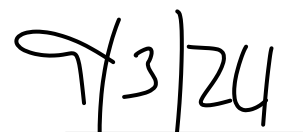
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(5) Medication schedule checklist;

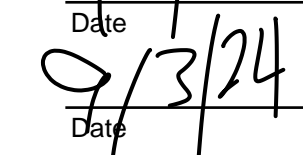
Comment:

- 54.(c)(2): No signature by client #1 and client #3's current service plan by client or POA.
- 54.(c)(2): Client #1's current service plan did not address client is currently under hospice care.
- 54.(c)(5): Discrepancy noted between one of client #1's routine medication's order on client's medication administrative record (MAR) and physician order. MAR states medication is ordered as needed once a day and physician order states routine twice a day.
- 54.(c)(5): No documentation of medication administration for client #2's medications for current month.
- 54.(c)(5): Dose discrepancy noted in one of client #2's medications on hand and being administered compared to client's medication administrative record (MAR) and physician order provided by CCFFH.

  
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Compliance Manager

  
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Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date