

# Foster Family Home - Deficiency Report

Provider ID: 1-210085

Home Name: Pauline Claire Ann Sumagit,  
CNA

94-1001 Lumihoahu Street

Waipahu

HI

96797

Review ID: 1-210085-9

Reviewer: Ryan Nakamura

Begin Date: 9/20/2024

## 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: 9/20/2024).

## 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)(2): HHM#1 2nd set of fingerprint/APS/CAN dated 1/06/2024 resulted in red light.

8.(a)(1)(2): No evidence provided by CCFFH of HHM#2 completed any sets of fingerprints/APS/CAN clearance since move-in

## 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 evidence provided by CCFFH of HHM#2 completed CCFFH's confidentiality/privacy training.

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

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

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(b)(7): Evidence provided by CCFFH of lapse of TB clearance for CG#1. TB clearance was due by 12/25/2023 and completed on 8/21/2024.

41.(e): CTA observed HHM#1 provided care to client #1 and is not approved by CTA as a substitute caregiver.

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**Foster Family Home      Medication and Nutrition      [11-800-47]**

47.(d)      Use of physical or chemical restraints shall be:

47.(d)(1)      By order of a physician;

Comment:

47.(d)(1): No evidence provided by CCFFH of physician order for use of bed side rails for client #1.

**Foster Family Home      Quality Assurance      [11-800-50]**

50.(b)      Adverse events shall be reported

50.(b)(2)      A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).

Comment:

50.(b)(2): No evidence provided by CCFFH of adverse event written report sent client #1's case management agency due to client was sent to emergency room.

**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): CTA observed client #1 and #3's bedroom door locks are only allowed to be locked from the outside. Federal regulations require client bedrooms and bathroom doors to be able to be locked only from the inside by the client for privacy


**Foster Family Home      Records      [11-800-54]**

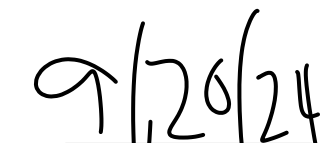
54.(c)(6)      Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

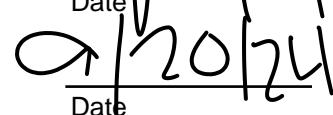
Comment:

54.(c)(6): No evidence of blood sugar checks being done as ordered by client #2's physician. CG#1 stated that she does not check twice a day as directed.

  
\_\_\_\_\_  
Compliance Manager

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date