

Foster Family Home - Deficiency Report

Provider ID: 1-170079

Home Name: Rachel Salva, CNA

Review ID: 1-170079-14

91-1009 Pailani Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 9/10/2024

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 Form 1147

Client #2 has expired Form 1147

Deficiency Report issued during CCFFH inspection via email on 9/10/2024 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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.(a)(1)
Second Fingerprint check is overdue for CG #3, CG#4, CG#6.

8(a)(2) APS/CAN checks were overdue/lapsed for CG#4
APS/CAN was due on or before 8/3/2023 and is not present in the CCFFH file.

8(c) State Name Check (eCrim) was overdue/lapsed for CG#2 and CG#4. State Name Check (eCrim) was due on or before 4/1/2023 and is not present in the CCFFH file.

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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#2 and CG#3.

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

- 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.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

- 41(a)(3) No job experience form present for CG#4 and CG#6.

- 41.b.4. No disclosure form present for CG# 6.

- 41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1, #2, #3, #4, #5, #6, and #7. All CGs TB expired on or before 6/26/2024.

- 41.(b)(8) CCFFH did not have evidence of current CPR/First Aid/Bloodborne Pathogen/Infection control training for CG#1, #2, #3, #4, #5, #6, and #7.
 CG# 2, CG#4, CG#6, and CG#7 CPR/First Aid was due on/before 9/6/2024.
 CG# 1, #2, #3, #4, #5, #6, and #7 Bloodborne Pathogen was due on/before 1/6/2024.

- 41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG# 2, #4, #5, and #6.
 CG# 2 requires 12 hours of in-service training, but had only 7 hours attended in 2023.
 CG#4 requires 12 hours of in-service training, but had only 5 hours attended in 2023.
 CG#5 requires 12 hours of in-service training, but had only 5 hours attended in 2023.
 CG#6 requires 12 hours of in-service training, but had only ZERO hours attended in 2023.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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- (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#5 and CG#7 NA) worked in a day or week.

Foster Family Home	Client Care and Services	[11-800-43]
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- 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 #1 and Client #2 for CG#7.

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

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly and included each CG at least once per year.

All CGs did not conduct a fire drill in the past 12 months. Last fire drill was conducted on 9/3/2023.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence that all CGs are included on the liability insurance policy. CG#7 is not included on the policy.

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. Last one in record is dated 6/22/2023.

No current service plan present for Client#2. Last one in record is dated 9/2/2023.

54(c)(5) No MAR present for September 2024 for Client# 1 and Client #2. MAR was not documented daily. Sheet not completed from 8/30/2024 to 9/10/2024.

54(c)(6) No ADL flow sheet present for Client#1 and Client #2 for September 2024.

ADL flowsheet was not documented daily. Sheet not completed from 8/30/2024 to 9/10/2024.

Client # 1 and Client #2 did not have evidence of RN monthly visit notes.

Client#1 last RN notes was 8/18/2023. Client #2 last RN notes was 7/20/2023.

Compliance Manager

Primary Care Giver

9/10/2024

Date

09/10/2024

Date