

Foster Family Home - Deficiency Report

Provider ID: 1-230008

Home Name: Rolly Lacar, NA

Review ID: 1-230008-6

94-949 Kaaholo Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 10/9/2024

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 10/09/2024).

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 2nd set of fingerprint/background check for CG#2 and CG#3. Background check was due by 10/18/2023 and was completed 11/17/2023 for CG#2. CG#3 was due by 11/15/2023 and was completed 3/19/2024.

8.(a)(1)(2): Evidence of a red light with no exemption for CG#6's recent fingerprint/APS/CAN background check dated 5/29/2024.

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

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.(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.

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)(4): No evidence provided by CCFFH of CG#10 completed a substitute caregiver disclosure form.

41.(b)(7): No evidence provided by CCFFH of current TB clearance for CG#6. TB clearance was due by 8/11/2024.

41.(e): No evidence that CG#10 was approved to be a substitute caregiver by CTA.

41.(g): No documentation provided by CCFFH basic caregiver skills were checked by client #1's case management agency for CG#2.

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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 documentation provided RN delegation of all tasks were given to CG#2 by client #1's case management agency.

43.(c)(3): No evidence provided by CCFFH of RN delegations were given to all caregivers for oxygen administration.

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Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): No evidence provided by CCFFH of CG#5 and CG#7 conducted a fire drill in the past 12 months.

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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 documentation of physician order for use of bed side rails for client #1.

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Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

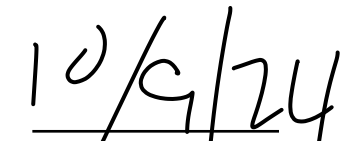
Comment:


54.(c)(5) No documentation of medications were administered for client #2 since 10/04/2024.



Compliance Manager


Primary Care Giver



Date


Date