

# Foster Family Home - Deficiency Report

Provider ID: 4-160003

Home Name: Rosallie Skinner, CNA

Review ID: 4-160003-15

53-412 Kamehameha Hwy

Reviewer: Ryan Nakamura

Hauula HI 96717

Begin Date: 10/1/2024

## 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: 10/01/2024).

## 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 provided by CCFFH of lapse of criminal background check for CG#1. Ecrim was due by 12/01/2023 and completed 2/23/2024.

8.(a)(2): Evidence provided by CCFFH of lapse of APS/CAN clearance for CG#1. APS/CAN clearance was due by 12/01/2023 and completed 2/23/2024.

8.(a)(1)(2): No evidence provided by CCFFH of 2 sets of fingerprints and APS/CAN clearance completed in consecutive years for HHM#3. No documentation provided.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

41.(b)(8): No evidence provided by CCFFH of bloodborne pathogen/infection control training completed in the past 12 months for CG#1. Training was due by 1/5/2024.

41.(f)(1): No documentation provided by CCFFH of TB clearance completed in the past 13 months for HHM#1 and HHM#3.

41.(h): CTA arrived for recertification inspection at CCFFH with no approved caregivers watching clients. HHM#3 reported by CG#1 that she was the caregiver performing caregiver duties. HHM#3 had not been approved to be a substitute caregiver. CG#1 returned back to CCFFH 3 hours since CTA's arrival. CCFFH was cited for no approved caregiver present during an unannounced visit on 6/2024.

# Foster Family Home - Deficiency Report

## 3 Person Staffing

## 3 Person Staffing Requirements

## (3P) Staff

(3P)(a)(5) Staff Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months, per 321-483(b)(4)(B) HRS.

(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)(a)(5) Staff: No documentation provided by CCFFH of CG#3 and CG#4 completed minimum 12 hours of annual in-service training in the past 12 months or 24 hours in the past 24 months.

(3P)(b)(2) Staff: No documentation provided by CCFFH of caregiver sign-in and sign-out log of approved caregivers.

## Foster Family Home

## 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 fire drills conducted at different times of the day by any caregivers in the past 12 months. Last documented fire drill dated 9/10/2023.

## Foster Family Home

## Physical Environment

## [11-800-49]

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.

Comment:

49.(b)(3): No call bell present in client #1's bedroom.

## Foster Family Home

## Fiscal Requirements

## [11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a)(b)(c): No documentation provided by CCFFH of current monthly budget or bank statement to show CCFFH has adequate resources.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

- 54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:
- 54.(b)(2) Provide information for necessary follow-up care for the client.
- 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.(b): No evidence provided by CCFFH of progress notes of health events/change of condition and information of follow-up care of any clients.

54.(c)(2): No signature from client #1 noted on client's current service plan.

54.(c)(2): No documentation provided by client #2's current service plan. Updated service plan was due by 6/27/2024.

54.(c)(5): Last documented medication administration for client #1 dated 7/28/2024. No medication administrative record (MAR) found in client's chart for months of 8/2024, 9/2024, and 10/2024. multiple medications not on supply from 7/2024 MAR and 1 medication that is ordered weekly is documented given daily.

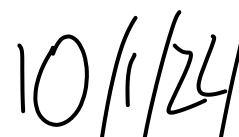
54.(c)(5): Last documented medication administration for client #2 dated 7/31/2024. No medication administrative record (MAR) found in client's chart for months of 8/2024, 9/2024, 10/2024.

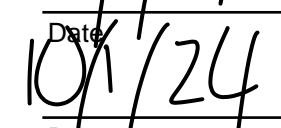
54.(c)(5): Last documented medication administration for client #1 dated 8/24/2024. No medication administrative record (MAR) found in client's chart for 9/2024 and 10/2024. 1 medication not on supply compared to client's MAR. 5 medications that were on supply and physician orders were noted were not listed on MAR.

54.(c)(6): No daily documentation of vital signs as ordered by physician by client #1 and client #2. No daily documentation of any skilled nursing flowsheets for all clients. No documentation since 7/28/2024 for client #1. No documentation since 7/31/2024 for client #2. No documentation since 8/11/2024 for client #3.

  
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Compliance Manager

  
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Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date