

Foster Family Home - Deficiency Report

Provider ID: 1-210008

Home Name: Shirley Nieves-Acosta, NA

Review ID: 1-210008-9

94-1010 Kuakolu Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/25/2024

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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 9/25/24).

6.d.1- Client #2's 1147 lapsed on 2/27/24 and no current 1147 was present in client's chart.

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)- CG#3's APS/CAN lapsed on 7/21/24 and Ecrim lapsed on 7/9/24. No current results were present. No sex offender search results present for CG#1, CG#2, and CG#3.

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

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.

Comment:

41.(b)(7)- CG#2's TB clearance lapsed on 6/21/24. CG#3's lapsed on 5/12/24. Both were without the current clearances present.

41.(b)(8)- CG#3's CPR/basic first aid training lapsed on 1/7/24 and no current certification present.

Foster Family Home 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 RN delegations present for CG#2 and CG#3 in Client #1's chart/records.

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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)- CCFFH with a video surveillance camera in the living room and in Client #1's bedroom. No consent present from Client #1's POA. Use of a video surveillance camera without a proper consent is a violation of client's privacy rights.

Foster Family Home

Records

[11-800-54]

54.(c)(5)

Medication schedule checklist;

Comment:

54.(c)(5)- one daily scheduled medication's label of Client #1 did not match the MD's order and the client's Medication Administration Record (MAR).

Marikele Nakamine, RN 9/25/24
Compliance Manager Date
Shirley J. Oate 9/25/24
Primary Care Giver Date