

Foster Family Home - Deficiency Report

Provider ID: 1-563115

Home Name: Victoria Morales, CNA

Review ID: 1-563115-17

1020 Ihi Ihi Avenue

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

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 visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 10/1/2024).

6.d.1- Client #1 without an 1147 present in chart/records. Client #2's 1147 lapsed on 9/1/24 and Client #3's lapsed on 2/5/23 - no current 1147 for both clients were present.

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;

Comment:

8.(a)(1)- No sex offender search results were present for CG#1, CG#4, and HHM#1.

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.

Comment:

41.(b)(8)- CG#1's CPR/basic first aid lapsed on 9/22/24; bloodborne pathogen and infection control training lapsed on 9/3/24. CG#4's CPR/basic first aid lapsed on 4/6/24 and blood borne pathogen and infection control training lapsed on 9/1/24. Both were without the current certifications 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#4 in Client #1's chart/records. CG#1 and CG#4 also were without the RN delegations present in Client #2's chart/records.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P) (b)(1) Fire- No monthly fire drills conducted from December 2023 thru September 2024.

Foster Family Home - Deficiency Report

Foster Family Home

Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Client #2 and Client #3's bedrooms with strong human urine smell. Client #2's bedroom was cluttered- used clothing/laundry were stacked behind the door, pillow on the floor, and there was a round hole on the wall where insects, bugs, mosquitoes can come in and possibly bite the client. Clients' bathroom window screen was very dusty/dirty and was missing several glass jalousies; bathroom floor tiles with cracks; toilet bowl dirty and brownish stains, hallway wooden walls were cracked most notably in Client #2's bedroom. Cobwebs were also noted in overhead sink bathroom light. CCFFH's kitchen window screen with full of dusts.

3 Person Physical Environment

3 Person Physical Environment

(3P) Env.

(3P)(c)(3) Env. the room must have adequate furnishings, e.g., tables and chairs

Comment:

(3P)(c)(3)Env- the CCFFH's dining without adequate chairs- there were only 2 chairs present.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- CCFFH's Automobile policy lapsed on 7/26/24 and no current policy statement was present.

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)- Clients' bathroom door lock was on the outside. Clients will be unable to lock the bathroom door for privacy.
53.(b)(9)- Client #1, Client #2, and Client #3 with video surveillances in their bedrooms. No consents were present. Use of video monitoring device without proper consent is a violation of client's privacy rights.

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.(e) When a client leaves a home, all records and reports kept by the home shall be given to the case management agency.

Comment:

54.(c)(2)- Client #2's Service Plan dated 6/1/24 was missing the POA/Guardian's signature. Client #3's Service Plan dated 8/30/24 also without the Client/POA's signature. There were two service plans missing- 8/2023 and 2/2024.
54.(e)- a previous/discharged client's chart was in the CCFFH's living room.

Maikel Nakamine, R
Compliance Manager

Victoria Mureber
Primary Care Giver

10/1/24
Date

10/1/24
Date