

Foster Family Home - Deficiency Report

Provider ID: 4-200025

Home Name: Jennyfer Damian, NA

Review ID: 4-200025-10

372 Kahiki Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 10/14/2024

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 by 11/14/2024.

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) - CCFFH did not have evidence that a sex offender registry check had been completed for CG#1, #2, #3, #4, HHM #1 and HHM#2.

8.(a)(1) - CCFFH did not have evidence that HHM#2 had a current ecrim on file.

8.(a)(2) - CCFFH did not have evidence that a current APS/CAN had been completed for CG#1 (expired 4/8/24), CG#2 (Lapse, Due 12/3/23, done 1/12/24), CG#4 (expired 1/1/24), HHM#1 (expired 12/22/23) and HHM2 (none on file)

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(5) - The state issued ID for CG# 3 was expired as of 5/3/24. The alternate transportation plan on file was outdated and did not include CG#2, #3, or #4.

41.(b)(7) - CCFFH did not have evidence of a current TB clearance/TB exclusion for CG#2 (expired 6/11/24), CG#3 (expired 3/17/24), CG#4 (expired 4/9/24), and HHM#1 (none on file)

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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) - CCFFH did not have evidence that a fire drill had been completed in August 2024. CG#3 did not have evidence that they had conducted a fire drill in the last 12 months.

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Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(c) - CCFFH did not have evidence that a list of medication side effects present.

47.(d), 47.(d)(1) - The service plan for client #1 from 6/2023 indicated the client was to have the side rails up while in bed and the client was to be secured when up in a wheelchair. The CCFFH did not have evidence of an order for restraints.

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Physical Environment

[11-800-49]

49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;

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

Comment:

49.(a)(3), 49.(c)(3) - At the time of the inspection, the common living area was cluttered with a large box of clothing, miscellaneous laundry on the couch, and miscellaneous items on the TV stand including bags of shells, scissors, paperwork, measuring tape.

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Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - CCFFH did not have evidence of a current liability insurance policy on file. The policy on file expired 11/2023.

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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)(3) Current copies of the client's physician's orders;

Comment:

54.(c)(2) - The service plan for client #1 from 6/2024 and 12/2023 did not include a signature from the client/POA.

54.(c)(3) - Medication discrepancies noted between the MAR and the supply on hand for client #1. One "over the counter" medication on hand did not match the MD order. (Tylenol versus Tylenol PM), Two medications in the supply did not appear on the MAR, nor on the medication list updated from 12/2023, one medication had a dose discrepancy between the MAR and the medication list last updated 12/2023.



Compliance Manager



Primary Care Giver

10/14/24

Date

10/14/24

Date