

Foster Family Home - Deficiency Report

Provider ID: 4-150020

Home Name: Judith De Los Trino, CNA

Review ID: 4-150020-17

760 Olena Street

Reviewer: Terri Van Houten

Wailuku

HI 96793

Begin Date: 10/23/2024

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 by 11/23/2024.

42. Client #1 did not have evidence of a current 1147. 1147 on file expired 7/22/24 and did not contain a signature from the reviewer.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - The CCFFH did not have evidence of a current APS/CAN for HHM#1. Results on file expired 7/22/23.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(3) Inform clients about their confidentiality practices;

Comment:

16.(b)(3) - The CCFFH did not have evidence that client #1/POA had been informed of and received a copy of the CCFFH confidentiality practices.

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

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.(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.(f),41.(f)(1) - The CCFFH did not have evidence of a current TB clearance/TB exclusion for HHM#1.

41.(g) - The CCFFH did not have evidence that all CGs had received a basic skills check. Client #1 - Basic skills check not signed by CG#3. Client #2 - Basic skills check not signed by CG#2 or #3

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Foster Family Home	Client Care and Services	[11-800-43]
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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) - The CCFFH did not have evidence that RN delegations had been signed by the CGs. Client # 1 - no signatures on RN delegations for CG#1, #2 or #3. Client #2 - no signatures on RN delegations for #2 or #3.

Foster Family Home	Grievance	[11-800-45]
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45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:

45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45., 45.(1), 45.(2), 45.(3) - The CCFFH did not have evidence that client #1/POA had been informed of and received a copy of the Grievance Policy.

Foster Family Home	Medication and Nutrition	[11-800-47]
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47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e) - Client #1 had an order for thickened liquids. The CCFFH did not have evidence of training on special feeding instructions.

Foster Family Home	Client Rights	[11-800-53]
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53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a) - The CCFFH did not have evidence that client #1/POA had been informed of and provided with a copy of the list of client rights.

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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.(c)(1) Client's vital information;
- 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;
- 54.(c)(8) Personal inventory.

Comment:

54.(b) - CG progress notes for client #1 and client #2 were not consistently signed by the CG completing the entry.

54.(c)(1) - Client #2's status changed to Medicaid effective 4/23. Client #1 did not have an updated face sheet reflecting the updated insurance status. The CCFFH did not have a new financial agreement signed by the Client/POA reflecting the updated monthly fees.

54.(c)(2) - Client #2's service plan did not match the care provided. Service plan indicated client #2 had no order for blood sugar checks. Upon admission on 8/22/22, order for blood sugar checks every Monday, Wednesday and Friday. Client #2 was receiving a daily medication for diabetes management to be administered based on blood sugar parameters. CG#1 indicated that blood sugar checks were being done daily.

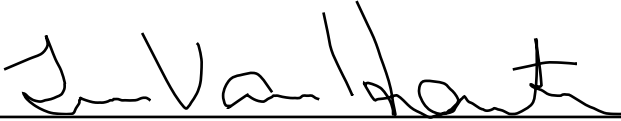
54.(c)(5) - The MARs for client #1 and client #2 did not consistently contain a signature of CGs who were administering the medications.

54(c)(5) - Client #1's MAR was not documented from 8/18/24 through 9/4/24. The MD order to discontinue the routine medications was not obtained until 9/5/24.


54.(c)(5) - Client #2's MAR has an order to check blood sugar checks. No frequency is included. Last written order from 8/1/2022 states to check blood sugar every Monday-Wednesday- Friday.

54.(c)(6)- The ADL flowsheets for client #1 and client #2 did not consistently contain a signature of CGs who were providing the care.

54.(c)(8) - The CCFFH did not have evidence that a personal inventory list had been completed for client #1 and client #2 since admission.



Compliance Manager



Primary Care Giver

10/23/24

Date

10/23/24

Date