

Foster Family Home - Deficiency Report

Provider ID: 1-509622

Home Name: Marina V. Fernandez, LPN

Review ID: 1-509622-18

91-931 Ihupani Place

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 10/18/2024

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 re-certification inspection.

Client #1 is missing Form 1147.

Client #2 has expired Form 1147. Expired 11/20/2023

Client #3 has expired Form 1147. Expired 12/23/2023

Deficiency Report issued during CCFFH inspection via email on 10/18/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.(a)(1) Second Fingerprint check is overdue for CG#1, CG#2, AND CG#3 were due on/before 6/7/2024.

8.(c) State Name Check (eCrim) was lapsed for CG#1, CG#2, and CG#3. State Name Check (eCrim) was due on or before 1/1/2024 and was completed on 1/22/2024.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(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)(b)(2) No evidence that a 3-bed sign out sheet was in use at the CCFFH. Last entry was on 4/2 2024. No entry was completed for today 10/18/2024 when PCG was not home.

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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)(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:

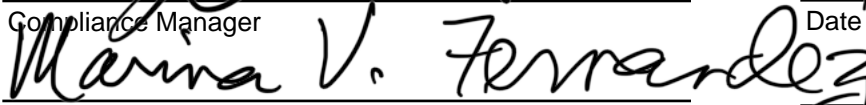
54(c)(2) No current signatures from the POA/Client/OPG for the service plan present for Client #1, #2, and #3.

54(c)(5) Client #1, #2, and #3 MAR was not documented daily. Sheet not completed from 10/16/24 to 10/17/24.

54(c)(6) All Clients' ADL flowsheet was not documented daily. Sheet not completed from 10/16/2024 to 10/17/2024.



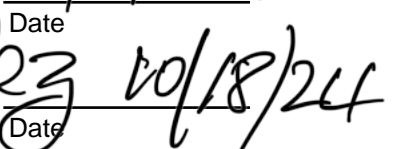
Compliance Manager



Primary Care Giver



Date



Date