

Foster Family Home - Deficiency Report

Provider ID: 1-240015

Home Name: Marla Castro, NA

Review ID: 1-240015-4

98-259 A Hekaha Street

Reviewer: Ryan Nakamura

Aiea HI 96701

Begin Date: 10/17/2024

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 within 30 days of inspection (inspection date: 10/17/2024).

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

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No evidence provided by CCFFH of CG#3, CG#4, CG#5, and CG#6 completed CCFFH's confidentiality/privacy training.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(4): No documentation provided by CCFFH of substitute caregiver disclosure form for CG#3.

41.(b)(5): No documentation provided by CCFFH of CG#3 and CG#6 included in CCFFH's alternate transport plan.

41.(b)(7): No documentation provided by CCFFH of current TB clearance provided for CG#1.

41.(b)(8): No documentation provided by CCFFH of current first aid/CPR training for CG#3 and CG#6. No previous documentation provided for CG#3. Training expired 8/12/2024 for CG#6.

41.(b)(8): No documentation provided by CCFFH of current bloodborne pathogen/infection control training for CG#3, CG#5, and CG#6. No previous documentation provided.

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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): No documentation provided by CCFFH of monthly fire drills conducted at different times of morning, evening, and night. Last conducted fire drill documented on 7/09/2024.

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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): No documentation provided by CCFFH of list of side effects for current medications for client #1 and client #2.

47.(d)(1): No documentation provided by CCFFH of physician order of use of side bed rail for client #1.

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Quality Assurance

[11-800-50]

50.(c) The home shall inform the case management agency of any changes occurring in the client's behavior and functioning that may necessitate a change and update of the client's service plan. A verbal report shall be made to the case management agency serving the client within twenty-four hours of the occurrence of any of the following:

50.(c)(1) Changes in the client's condition requiring emergency treatment;

Comment:

50.(c)(1): No evidence of verbal and written adverse event was completed for client #1 regarding emergency room visit and sudden change of client's condition.

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Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1): No documentation provided by CCFFH of CCFFH's current general liability insurance.

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Fiscal Requirements

[11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a)(b)(c): No current CCFFH budget or fiscal records (i.e., bank statement) present to show facility's resources.

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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)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

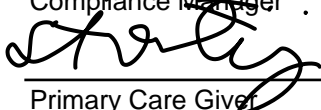
54.(b): No signature noted of each entry for progress note by caregiver that documented.

54.(c)(2): Client #1's current service plan not signed by client/POA.

54.(c)(2): No documentation provided by CCFFH of client #2's current service plan. Unable to verify services.



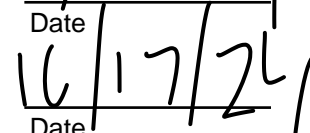
Compliance Manager



Primary Care Giver



Date



Date