

Foster Family Home - Deficiency Report

Provider ID: 1-220008

Home Name: Vilma Alferos, CNA

94-1064 Halelehua Street

Waipahu

HI 96797

Review ID: 1-220008-7

Reviewer: Maribel Nakamine

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 visit made for a 2-bed recertification inspection.

Deficiency Report emailed on 10/28/24 with plan of correction due to CTA within 30 days of issuance (issued on 10/28/24).

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), (2)- No sex offender search results present for CG#1, CG#2, CG#5, HHM#2, and HHM#3. CG#1's APS/CAN lapsed on 2/9/24 and was not renewed until 3/25/24; Ecrim lapsed on 2/9/24 and was not renewed until 3/20/24. CG#5's APS/CAN lapsed on 9/23/24 and no current result was present.

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 confidentiality policies and procedures and client privacy rights training present for CG#5.

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

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

Comment:

41.(b)(7)- CG#5's current TB clearance was not on approved form.

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#5 without evidence of having conducted a monthly fire drill for the CCFFH.

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Physical Environment

[11-800-49]

- 49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;
49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(4)- No wheelchair access to client's bathroom/shower: Client #1 non-ambulatory and has not had shower on a daily basis or as needed (per client's Service Plan) since admission to CCFFH.
49.(c)(3)- Client #1's bedroom window screen latch missing/broken- unable to open window jalousies inhibiting fresh air to enter client's bedroom. CCFFH's living room screen door with a large hole- bugs, mosquitoes, vermin, etc. can enter the CCFFH and possibly bit the client.

Foster Family Home

Quality Assurance

[11-800-50]

- 50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:
50.(b) Adverse events shall be reported
50.(b)(2) A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).
50.(c)(1) Changes in the client's condition requiring emergency treatment;

Comment:

50.(a)- CG#5 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.
50.(b), (b)(2), (c)(1)- No Adverse Event Forms completed for Client #1's seizure episode on 9/2/24 and Wounds to bilateral lower extremities.

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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)- Client #1 in a shared CCFFH bedroom- no written consent present.

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.(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)- Client #1's Service Plan dated 8/1/24 without the Client/POA's signature.
Client #1's Service Plan stated for client to have a shower on a daily basis and or as needed. Client has not had a shower since admission to CCFFH.
54.(c)(5)- one medication's label didn't match the MD's order and Client #1's Medication Administration Record (MAR).
54.(c)(6)- Client #1's Daily Care Flowsheet was last signed on 10/21/24.

Marebel Nakamine 10/28/24
Compliance Manager Date

[Signature]
Primary Care Giver

10/29/24
Date