Foster Family Home - Deficiency Report

Provider ID:	**4-130002**		
Home Name:	**Abigail Navalta, RN**	**Review ID:**	**4-130002-18**
415 Waiehu Beach Road		Reviewer:	Terri Van Houten
Wailuku HI 96793		Begin Date:	11/26/2024

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 12/26/24.

42. The CCFFH did not have a current 1147 on file for client #1. 1147 on file expired 6/1/24.

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) - CCFFH did not have evidence of current eCrim for CG#1, CG#2 and CG#5. Ecrim for CG#1 and #2 lapse-due 1/20/23 and done 6/16/24. CG# 5's eCrim expired 7/7/24. HHM#3 did not have evidence of a first-time fingerprint or eCrim on file. Fingerprint was due 9/10/23.

8.(a)(1) - CCFFH did not have evidence of current Sex Offender Registry Check for CG#1, CG#2, CG#3 and CG#5 and HHM#3

8.(a)(2) - Lapse in APS/CAN for CG#1, #2, and #3. APS/CAN was due 3/18/24 and was completed 10/10/24. CG#5's APS/CAN expired 7/7/24. HHM#3 did not have evidence of a APS/CAN since turning 18 years old on 8/10/2023.

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) - The CCFFH did not have evidence that HHM#3 had been provided with confidentiality training.

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

41.(a)(2)	Be a NA, an LPN, or RN;
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.
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.(a)(2) - The CCFFH did not have evidence of a Prometric Registry Check for CG#2, #3 and #5.

41.(b)(7) - The CCFFH did not have evidence of a current TB clearance for CG#1 (exp. 1/28/24), CG#2 (exp 2/14/23), CG#3 (exp. 7/6/24), and CG#5 (exp. 2/18/24). HHM#3 did not have evidence of an initial TB clearance or a TB exclusion.

41.(b)(8) - The CCFFH did not have evidence that CG#1, CG#2, CG#3, and CG#5 had completed BBP/Infection control training. Certificates on file expired 6/5/2024.

41.(g) - The CCFFH did not have evidence that CG#5 had received a basic skills check.

Foster Family Home	Client Care and Services	[11-800-43]

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 CG#5 had received all RN delegations for client #1.

Foster Family Home	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.

Comment:

47.(c) - The CCFFH did not have evidence of a list of medication side effects for client #1.

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Foster Family Home	Records	[11-800-54]

54.(a)(1)	Emergency procedures and an evacuation map;
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;
54.(c)(3)	Current copies of the client's physician's orders;
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.(a)(1) - The CCFFH did not have evidence that an emergency evacuation map was posted in a public location.

54.(b) - The CCFFH did not have evidence that progress notes were being entered reflecting changes in client condition for Client #1. Last noted progress note was from 7/2023.

54.(c)(2) - The CCFFH did not have evidence that the Service Plan for client #1 had been provided to and signed by the client's POA/Surrogate decision maker.

54.(c)(2) - The service plan for client #1 did not reflect the current care needs of the client. The SP indicated vital signs were to be checked daily. Per CG#1, vital signs were checked as needed. The SP did not address G tube flushes and residual checks, G Tube site care, nephrostomy tube care

54.(c)(3) - The CCFFH did not have evidence of all MD orders for client #1.

54.(c)(5) - The CCFFH did not have evidence that caregivers were signing the MAR for client #1 from 11/23 through 11/24. Some items on the MAR were checked instead of initialed. Unable to determine if the care was provided or not and by whom.

54.(c)(5) - CCFFH had a supply of oral medication for Client #1 which did not appear on the MAR.

54.(c)(6) - The CCFFH did not have evidence that daily observations/checklists were being completed for Client #1. No flowsheets present from 11/23 through 11/24.

54.(c)(6) - The CCFFH did not have evidence that an RN visit was completed in 2/2024. No RN note was present in client #1's chart.

54.(c)(8) - The CCFFH did not have evidence that a personal inventory list was maintained for client #1.

Compliance Manager — Date 11/26/24

Primary Care Giver — Date 11/26/24