

Foster Family Home - Deficiency Report

Provider ID: 1-615544

Home Name: Araceli Danao, CNA

Review ID: 1-615544-21

1430 Haloa Drive

Reviewer: Po Lim

Honolulu

HI 96818

Begin Date: 12/6/2024

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.

CNA Prometric registry check are not present for CG #1, #2, #3, #4, and #5.

Sex Offender check are not present for all the CGs and all HHMs over the age of 18 years old.

Deficiency Report issued during CCFFH inspection via email on 12/06/2024 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;

Comment:

8.a.1. CG#5 missed their second fingerprints on 11/15/2024.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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)(3) No job experience form present for CG#3.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG# 5. CG# 5 TB was due on/before 10/20/2024.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid/Bloodborne Pathogen/Infection control training for CG#1. CPR/AED/FA was due on/before 12/1/2023. CG#1. BBP/IC lapsed, expired on 1/8/2024, was taken on 4/24/2024.

41.g. No basic skills check present in record for CG#4 and CG#5.

Foster Family Home - Deficiency Report

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)
No RN delegation present for Client #1 for CG#2, #5, and #6.
No RN delegation present for Client #2 for CG #5.
No RN delegation present for Client #3 for CG #5.

3 Person Fire Safety,
Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year. CG#4 did not conduct a fire drill in the past 12 months.

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)(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 signature for service plan present for Client#3.

54(c)(5)
Client#1 MAR was not documented daily. Sheet not completed from 12/4/2024 to 12/5/2024.
Client#2 MAR was not documented daily. Sheet not completed from 10/30/24 to 10/31/24 and also from 12/4/24 to 12/5/24.
Client#3 MAR was not documented daily. Sheet not completed from 12/4/2024 to 12/5/2024.

54(c)(6)
Client#1 ADL flowsheet was not documented daily. Sheet not completed from 12/3/24 to 12/5/24, also from 10/30/24 to 10/31/24, and also 6/28/24 to 6/30/24.
Client#2 ADL flowsheet was not documented daily. Sheet not completed from 12/3/24 to 12/5/24, also from 10/30/24 to 10/31/24.
Client#3 ADL flowsheet was not documented daily. Sheet not completed from 12/3/24 to 12/5/24, also from 10/30/24 to 10/31/24.

Client #1 did not have evidence of RN monthly visit notes on 1/2024, 7/2024 and 9/2024.
Client #3 did not have evidence of RN monthly visit notes on 6/2024, 8/2024, 10/2024.

Compliance Manager

Primary Care Giver

Date

Date