

Foster Family Home - Deficiency Report

Provider ID: 4-190027

Home Name: Genalin Gonzales, CNA

Review ID: 4-190027-12

444 One Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 11/7/2024

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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 12/7/2024.

42. The CCFFH did not have evidence of current 1147s for client #1 and client #2. 1147 had expired on 6/1/24 for client #1 and on 9/1/24 for client #2.

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) - CCFFH did not have evidence of a sex offender registry check for HHM #2.

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

41.(a)(2) Be a NA, an LPN, or RN;

Comment:

41.(a)(2) - CCFFH did not have evidence of a Prometric registry check for CG#3.

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 RN delegations had been signed by CG#3 for client #2 and client #3.

43.(c)(3) - The CCFFH did not have evidence of RN delegations for sub-cutaneous injection for one medication for client #3.

Foster Family Home Medication and Nutrition [11-800-47]

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e) - Client #3 was identified as at risk for aspiration. The CCFFH did not have evidence that aspiration precaution education had been provided to the caregivers.

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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:

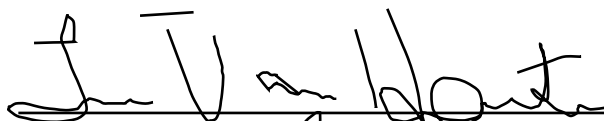
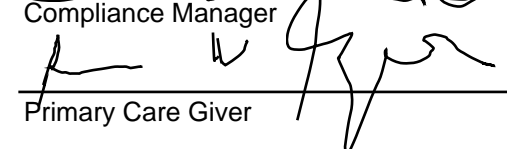
54.(c)(2) - The CCFFH did not have evidence that the service plan from 9/2024 had been signed by client #3/POA.

54.(c)(5) - The CCFFH did not have evidence that the MAR had been completed daily. Last documentation on MAR for client #1 and #2 was from 11/5/24 and last documentation for client #3 was from 11/4/24.

54.(c)(6) - The CCFFH did not have evidence that the ADL flowsheets had been completed daily. Last documentation on ADL Flowsheet for client #1 and #2 was from 11/5/24 and last documentation for client #3 was from 11/4/24.

54.(c)(6) - Client #3 had orders for twice daily blood pressure check and twice daily blood sugar check. The last documented blood pressure and blood sugar for client #3 was from 11/4/24 in the morning.

54.(c)(6) - Client #3 did not have evidence of an RN monthly visit note from September 2024. RN note section "caregiver follow up and recommendation"- RN narrative appears to be a duplicate entry on 7/3/24 and 8/12/24 related to a fall that had occurred in June 2024.


Compliance Manager

Primary Care Giver

11/7/24
Date
11/7/24
Date