

Foster Family Home - Deficiency Report

Provider ID: 1-180011

Home Name: Imee Gallardo, CNA

Review ID: 1-180011-14

94-443 Kahualena Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 10/31/2024

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (10/31/24).

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)- CG#3's APS/CAN & Ecrim lapsed on 8/1/24 and no current results were present.

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

41.(a)(1) Reside in the community care foster family home;

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

Comment:

41.(a)(1)- No provision in rental agreement from landlord to operate a CCFFH.

41.(b)(7)- CG#1's TB clearance lapsed on 8/24/23 and no current clearance was present.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P) (b)(2) Staff- CCFFH without evidence of Sign Out/In Sheet being utilized.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

Comment:

(3P) (b)(2) Fire- No nighttime fire drill conducted for the past 12 months.

Foster Family Home - Deficiency Report

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)- No list of medications' side effects present for Client #1.

Foster Family Home

Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Client #1, Client #2, and Client #3's bedroom windows/screens dirty/dusty.

Foster Family Home

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)- CCFFH with video surveillance cameras in all clients' bedrooms, living room, and kitchen. No consents were present for Client #1, Client #2, and Client #3. Use of video surveillance camera without a proper consent is a violation of client's privacy rights.

Foster Family Home - Deficiency Report

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)(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)- CCFFH's Emergency and Evacuation Map was not updated to reflect current structure of the CCFFH.
- 54.(b)- No signatures were present after each dated entry in Client #1's progress/observation notes.
- 54.(c)(2)- Missing signatures of POAs for Client #1's Service Plan dated 5/6/24; Client #2's Service Plan dated 7/5/24; and Client #3's Service Plans dated 8/7/24 and 2/9/24.
- 54.(c)(5)- Medication Administration Records of Client #1, Client #2, and Client #3.
Client #1- incomplete for the month of December 2023- no signatures from 12/12/23-12/31/23; no signatures April 26, 2024- April 30, 2024; and October 10, 2024- 10/31/2024 (am).
Client #2- no signatures January 13, 2024- January 31, 2024; February 10, 2024- February 29, 2024; April 11, 2024- April 30, 2024; and October 10, 2024- October 31, 2024. One daily scheduled medication was not transcribed in the client's Medication Administration Record (MAR). There were 2 scheduled medications that were not available during CCFFH survey.
Client #3- no signatures from October 10, 2024 - October 31, 2024.
- 54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet was incomplete from October 9, 2024- October 30, 2024.
- 54.(c)(8)- No Personal Inventory of Client #1's belongings.

Maikel Nakamine, RN
Compliance Manager
[Signature]
Primary Care Giver

10/31/24
Date
10/31/24
Date

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Imee Gallardo

(PLEASE PRINT)

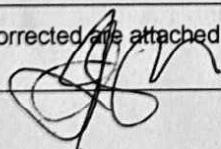
CCFFH Address: 94-443 Kahualena St. Waipahu, Hawaii 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(1) 8.(a)(2)	CG#3 Criminal History APS/CAN & Ecrim was done 11/24 copy is placed in the Home binder. APS/CAN had been schedule & waiting for the result.	11/23/24	Home will use a wall calendar to put all due dates on. Background checks will be done at least 2 weeks before due date to prevent lapses.
41.(a)(1)	CCFFH provision in rental agreement from landlord to operate in the home was drafted sign by landlord. Copy is placed in the Home binder.	11/20/24	CG#1 will double check Home binder to make sure to have proper rental agreement upon renting the home.
41.(b)(7)	CG#1's TB clearance was done 11/23/24 and copy is placed in the Home binder.	11/23/24	Home will do a reminder spreadsheet for all caregivers to prevent lapses on TB clearance.
(3P)(b) (2)	CCFFH sign-in & out sheet for all substitute caregivers is made & utilize. Sign up sheet is placed in the Home binder.	11/23/24	CG#1 put up the sign in & out sheet in a clip board with a reminder in a red ink to make sure all substitute won't forget to sign in & out sheet for fire safety.
(3P)(b) (2)	Fire Drill is now conducted different times of the day, evening & night. Fire drill sheets are placed in the Home binder.	11/23/24	Home calendar will have a schedule in all SCG's name & time of when to conduct fire drill.

All items that were corrected are attached to this POC

PCG's Signature: _____



Date: 11/27/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

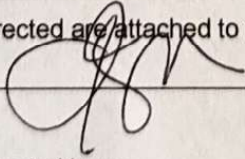
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Chapter 11-800

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(PLEASE PRINT)

CCFFH Address: 94-443 Kahualena St. Waipahu, Hawaii 96797
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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
47.(c)(3)	Client #1 medications side effects are provided by RN & MD. Copy is placed in the Client #1's Binder.	11/23/24	CG#1 will have a monthly alarm on her phone calendar to remind herself to put a copy of medication side effects everytime there's medication added to all clients.
49.(c)(3)	Client #1, Client #2, & Client #3's bedrooms are dusted and windows are cleaned.	11/23/24	CG#1 will put a monthly chores reminder on a calendar for the household to clean and dust clients rooms.
53.(b)(9)	CCFFH Consent form for Client #1, Client #2 & Client #3's surveillance consent forms are signed by POA & Family members. Forms are placed in the Home Binder.	11/24/24	CG#1 printed consent forms for POAs who visit the clients for wet signature. CG#1 mailed consent form to POAs & Family members for wet signature. CG#1 also sent out emails and text messages to POAs & Family members as a reminder to sign consent forms.
54.(a)(1)	Emergency Procedures & Evacuation Map is made. Copy is placed in the Home Binder.	11/15/24	CG#1 will put on her calendar a to do list to make sure to have an emergency procedures and map is made.
54.(b)	Seperate note pages are assign for Client #1, Client #2 & Client #3 for progress/observation notes. Note pages are placed in the Home Binder.	11/15/24	CG#1 put an alarm on her phone daily to make sure all CGs written notes of what was done on that day.

All items that were corrected are attached to this POC

PCG's Signature: 

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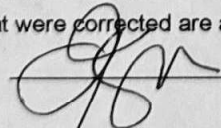
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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.(c)(2)	Client #1, Client #2 & Client #3's Service plans & Transportations forms are now signed by POAs. Copy is placed in the Home Binder.	11/13/24	CG#1 printed out the checklist that CTA provided on the website to ensure everything is in the home binder.
54.(c)(5)	Client #1, Client #2, & Client #3's Medication checklist are now updated with signatures. All copies are placed in the Clients Binder.	11/5/24	CG#1 will put a monthly alarm on her phone calendar to ensure all clients MARs are double check & updated.
54.(c)(6)	Client #1's ADLs/Daily Care flowsheet for October 9, October 31, 2024 is now completed. FFlowsheet is placed in the Home Binder.	11/3/24	CG#1 will create a calendar for all caregivers as a reminder to complete all ADLs/Daily care are initial & sign.
54.(c)(8)	Client #1's personal belongings inventory sheet is completed and placed in the Home Binder.	11/3/24	CG#1 will do a monthly inventory check to all clients belongings make sure it's all updated.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 11/27/24

CTA has reviewed all corrected items