

Foster Family Home - Deficiency Report

Provider ID: 1-580234

Home Name: Leonora Antonio, NA

Review ID: 1-580234-16

94-1075 Puloku Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 11/18/2024

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of completed inspection (inspection date: 11/18/2024).

6.(d)(1): No evidence provided by CCFFH of current 1147 assessment for client #1.

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): No evidence provided by CCFFH of searches conducted for CG#1, CG#2, and CG#3 on sex offender registry.

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

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.(j) When the primary caregiver will be absent or unable to perform regular duties, and clients are present, the primary caregiver shall:

41.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

41.(b)(7): No evidence provided by CCFFH of current TB clearance for CG#1, CG#2, and CG#3. No documentation provided of TB clearance completed in the past 13 months for CG#1, CG#2, and CG#3.

41.(b)(8): No evidence provided by CCFFH of current bloodborne pathogen/infection control training for CG#1, CG#2, and CG#3. Training was due by 1/8/2024 for all caregivers.

41.(b)(8): No evidence provided of current first aid training for CG#1, CG#2, and CG#3. Training was due by 1/30/2024.

41.(j)(2): CTA arrived on 10/29/2024 for recertification inspection and was greeted by unapproved substitute caregiver. CTA was in CCFFH for 20 minutes until CG#2 was seen inside CCFFH. CTA verbally told CG#2 that an approved caregiver must be present at all times while clients are in CCFFH.

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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 evidence provided by CCFFH of RN delegation task of eye drop administration given to CG#1, CG#2, and CG#3 by client #1's case management agency.

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Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): No evidence provided by CCFFH of fire drills were conducted monthly. No documentation for 12/2023, 11/2023, and 10/2023.

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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 evidence provided by CCFFH of list of side effects of current medications for client #1.

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Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

50.(e)(1): CTA arrived on 10/29/2024 for recertification inspection. CG#2 did not have access to personnel and client records due to it was locked in filing cabinet. CTA revisited CCFFH on 11/18/2024 to conduct effective inspection.

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Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2): No documentation provided by CCFFH of current automobile insurance. Unable to verify CG#1's current insurance covered minimum \$100,000 bodily injury damage per person and \$30,000 property damage.

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Records

[11-800-54]

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.(c)(6): No evidence provided by CCFFH of daily documentation of ADLs for client #1 and #2. Last dated documentation was 11/15/2024.

54.(c)(8): No documentation of inventory of personal belongings for client #1.



Compliance Manager



Primary Care Giver



Date



Date