

Foster Family Home - Deficiency Report

Provider ID: 1-240020

Home Name: Marifi Siapno, CNA

Review ID: 1-240020-3

201 Kaliponi Street

Reviewer: Ryan Nakamura

Wahiawa

HI 96786

Begin Date: 11/1/2024

Foster Family Home	Required Certificate	[11-800-6]
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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 inspection (inspection date: 11/01/2024).

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

Foster Family Home	Background Checks	[11-800-8]
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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): No evidence provided by CCFFH of any sets of fingerprint background checks were completed for CG#4 and CG#5.

8.(a)(1)(2): No evidence provided by CCFFH of any sets of APS/CAN/fingerprint background checks for HHM#2.

8.(a)(1)(2): No evidence of second set fingerprint/background check completed one year from first background check for CG#2. First background check was completed 5/12/2023 and the second was completed on 7/3/2023.

(8)(a)(1): No evidence of sex offender searches were completed for CG#1, CG#2, CG#4, and CG#5.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(3) Inform clients about their confidentiality practices;

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)(3): No evidence provided by CCFFH of client #1 was informed of CCFFH's confidentiality practices. No documentation provided.

16.(b)(5): No evidence provided by CCFFH of CG#2 and HHM#2 completed CCFFH's confidentiality/privacy training.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).
- 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.(b)(4): No documentation provided by CCFFH of CG#4 and CG#5 completed a substitute caregiver disclosure assessment.
- 41.(b)(7): No evidence provided by CCFFH of current TB clearance for CG#5 and HHM#2. CG#5 was due by 9/01/2024 and HHM#2 had no prior documentation.
- 41.(b)(8): No documentation provided by CCFFH of current bloodborne pathogen/infection control training for CG#4 and CG#5.
- 41.(g): No evidence provided by CCFFH of basic caregiver skills were checked by client #1's case management agency for CG#2, CG#4, and CG#5.

Foster Family Home	Client Care and Services	[11-800-43]
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- 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 delegations of any tasks were given by client #1's case management agency to CG#2, CG#4, and CG#5.
 - 43.(c)(3): No evidence provided by CCFFH of RN delegations of oxygen administration and oral suctioning given to any caregivers.

Foster Family Home	Grievance	[11-800-45]
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- 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;
- 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and
- 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

- 45.(1)(2)(3): No evidence provided by CCFFH of client #1 was informed of grievance policy. No documentation noted of signed acknowledgement.

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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 any fire drills were conducted monthly at different times when clients were admitted in the CCFFH.

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Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1): No evidence provided by CCFFH of CG#4 and CG#5 are included in CCFFH's current general liability insurance.

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Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a): No evidence provided by CCFFH of client #1 received/informed of client's rights.

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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;

54.(c)(8) Personal inventory.


Comment:


54.(c)(2): No documentation provided by CCFFH of current service plan. Last documented service plan was completed 4/05/2024.

54.(c)(5): Discrepancy noted with one medication's dosage on medication label compared to client #1's medication administrative record (MAR).

54.(c)(6): No documentation monthly visits were conducted by client #1's case management. No documentation provided for months of 6/2024 and 7/2024.

54.(c)(8): No documentation provided by CCFFH of list of personal belongings for client #1.



Compliance Manager


Primary Care Giver

11/1/24

Date
11/1/24

Date