

Foster Family Home - Deficiency Report

Provider ID: 1-130036

Home Name: Rosebella Balan, CNA

Review ID: 1-130036-17

94-857 Kaaholo Street

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 11/8/2024

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 inspection (inspection date: 11/8/2024).

6.(d)(1): No documentation 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;

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): No evidence provided by CCFFH of current APS/CAN/ecrim background checks for CG#2. Clearances were due by 1/20/2024.

8.(a)(1)(2): No evidence provided by CCFFH of current sex offender registry searches for CG#1, CG#2, and CG#3.

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.

Comment:

41.(b)(7): No evidence provided by CCFFH of current TB clearance for CG#2. TB clearance was due by 3/11/2024.

41.(b)(8): Evidence of lapse of first aid/CPR training for CG#1. Training was due by 7/28/2024 and completed on 10/01/2024.

Foster Family Home 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 documentation provided by CCFFH of fire drills conducted monthly at different times of morning, day, and nights. Last fire drill conducted was on 8/10/2024.

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

Foster Family Home

Client Account

[11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a): CCFFH is responsible for client #1's personal allowance. No documentation of written accounting of client's personal funds in the past 12 months.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4): No wheelchair accessible exit to outside of dwelling. All exists have at least one step to evacuate.

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:

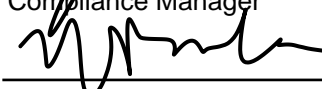
54.(c)(2): No documentation provided by CCFFH of client #1's current service plan. Last service plan provided dated 10/13/2023. Service plan is required to be updated every 6 months or as needed.

54.(c)(5): No documentation provided by CCFFH of scheduled times of administration of client #1's medications.

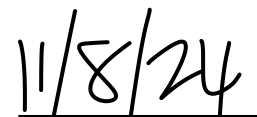
54.(c)(6): No documentation of monthly visits by client #1 were conducted monthly. Last documented monthly assessment visit dated 7/2024.



Compliance Manager



Primary Care Giver



Date



Date