

# Foster Family Home - Deficiency Report

Provider ID: 1-190030

Home Name: Shella Marie Valencia, CNA

Review ID: 1-190030-13

94-470 Opeha 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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 11/08/2024).

6.(d)(1): No documentation provided 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): Evidence provided by CCFFH of lapse of APS/CAN and criminal background check for CG#1 and CG#2. Background checks were due by 9/06/2024 and completed 10/15/2024.

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

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)(8): No evidence provided by CCFFH of current first aid/CPR training for CG#2. Training was due by 10/31/2024.

41.(g): No evidence provided by CCFFH of basic caregiver skills were checked by client #1's case management for CG#1, CG#2, CG#3, CG#4, and CG#5.

41.(g): No evidence provided by CCFFH of basic caregiver skills were checked by client #2's case management for CG#4.

## 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: No documentation provided by CCFFH of caregiver sign-in and out. Unable to verify hours caregivers worked at CCFFH.

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## 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): No evidence provided by CCFFH of RN delegations of any tasks were given by client #2's case management agency for CG#4.

43.(c)(3): No evidence provided by CCFFH of RN delegations of any tasks were given by client #1's case management agency for CG#1, CG#2, CG#3, CG#4, and CG#5.

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

## Foster Family Home

## Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1): No evidence provided by CCFFH that CG#5 is included in CCFFH's current general liability insurance.

## Foster Family Home



## Records


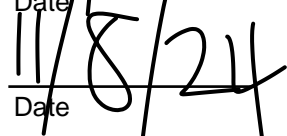
[11-800-54]

54.(c)(4) Client's emergency management procedures;

Comment:

54.(c)(4): No documentation provided by CCFFH of client #1's emergency procedures.

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date