

Foster Family Home - Deficiency Report

Provider ID: 1-120017

Home Name: Shirley Ann Baptista, CNA

Review ID: 1-120017-22

1153 Kaweloka Street

Reviewer: Ryan Nakamura

Pearl City

HI 96782

Begin Date: 11/20/2024

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: 11/20/2024).

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 completed for CG#1 and CG#2 on the 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.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(7): Evidence provided by CCFFH of lapse of TB clearance for CG#1. TB clearance was due by 2/13/2024 and completed 7/22/2024.

41.(b)(8): No evidence provided by CCFFH of current first aid training for CG#2. Training was due by 1/5/2024.

41.(b)(8): No evidence provided by CCFFH of bloodborne pathogen training completed in the past 12 months for CG#1 and CG#2. No documentation provided.

41.(c): No evidence provided by CCFFH of CG#1 and CG#2 met minimum 12 hours in the past 12 months or 24 hours in the past 24 months of annual inservice training. 12 hours of training completed for CG#1 and CG#2.

Foster Family Home Physical Environment [11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3): No documentation provided by CCFFH of written consent/acknowledgement of use of camera/monitor in client #1 and client #2's bedroom by client/representative.

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Quality Assurance

[11-800-50]

50.(b) Adverse events shall be reported

50.(b)(1) A verbal report to the case management agency responsible for the client shall be made within twenty-four hours of the occurrence; and

50.(b)(2) A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).

Comment:

50(b)(1)(2): No evidence provided by CCFFH of written or verbal report adverse event was completed for ER visit on 6/26/2024 and hospitalization on 2/24/2024 for client #1.

Foster Family Home

Records

[11-800-54]


54.(c)(5) Medication schedule checklist;

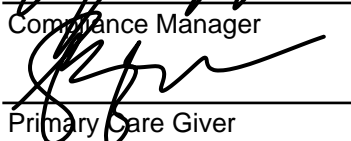
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5): No daily documentation of medication administration for client #1, #2, and #3. Last dated documentation was 11/15/2024.

54.(c)(6): No daily documentation of ADLs for client #1, #2, and #3. Last dated documentation was 11/15/2024.



Compliance Manager


Primary Care Giver

11/20/24

Date
11/20/24

Date