

Foster Family Home - Deficiency Report

Provider ID: 1-240013

Home Name: Wilford Lishman, NA

Review ID: 1-240013-3

94-143 Haaa Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 10/15/2024

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 visit made for a 2-bed recertification inspection.

Deficiency Report issued and emailed to CCFH with plan of correction due to CTA within 30 days of inspection (issued on 10/15/24).

6.d.1- Client #1 without an 1147 present.

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 sex offender search results were present for CG#1, CG#2, CG#3, CG#5, CG#6, HHM#1, and HHM#2.

Foster Family Home Information Confidentiality [11-800-16]

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)(5)- No confidentiality policies and procedures and client privacy rights training present for CG#2, CG#3, CG#5, CG#6, HHM#1, and HHM#2.

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

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.(g)- No basic skills checks completed by CG#5 and CG#6 for Client #1.

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 RN delegations present for CG#5 and CG#6 for Client #1 and Client #2.

Foster Family Home - Deficiency Report

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.

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(b)(3)- No call bell present (as specified in client's service plan) and within reach of Client #2; CG#1/caregiver's room was not in close proximity to client's bedroom.

49.(c)(3)- Client #1's bedroom with a strong smell of human urine.

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

50.(e)(2) Inspection of service sites;

Comment:

50.(a)- CCFFH without an Emergency Preparedness Plan; CG#2, CG#3, CG#5, and CG#6 without evidence of having had training.

50.(e)- CCFFH's gate bell/buzzer was not functioning properly when activated during CTA compliance manager's unannounced visit to CCFFH.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #2's use of hospital gown was not addressed in client's service plan.

53.(b)(9)- Client #1 with a video surveillance monitoring device inside the bedroom; no consent was present. Use of video surveillance without proper consent is a violation of client's privacy rights.

53.(b)(9)- Client #1's bedroom door lock was located on the outside. Client would be unable to lock bedroom door for privacy.

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;

Comment:

54.(c)(2)- Client #1 without a Service Plan present in chart.

Maikel Nakunine, RN 10/15/24
Compliance Manager Date
Ul 2h 10/15/24
Primary Care Giver Date

CTA RN Compliance Manager: Maribel Nakamine RN

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Wilford Lishman, NA


(PLEASE PRINT)

CCFFH Address: 94-143 Haaa St. Waipahu HI, 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
6d.1	Informed CM to send Client #1 1147. Now present in Client Binder	10/20/24	To prevent missing documents, Inform Monthly RN to Update CM. Put a Checklist reminder on side Binder to avoid missing requirements.
8.(a)(1)	Sex offender results present in Admin Binder for CG#1, CG#2, CG#3, CG#5, CG#6, HHM#1 & HHM#2.	10/20/24	CCFFH will follow table of contents and make sure there's all required documents in Admin Binder. Check Newsletters on [redacted] website for new updates regarding sex offender registry for all CG's including household members to avoid missing requirements.
16.(b)(5)	Confidentiality Policies and Procedures and Client privacy rights training signed and present in Admin binder for CG#2, CG#3, CG#5, CG#6, HHM#1 & HHM#2.	10/20/24	Put a checklist on side of binder to ensure all documents is present at all times.
41.(g)	Skills completed by CMA for CG#5 & CG#6 for Client #1. Present in Client #1 Binder.	10/20/24	Home will complete Skills check & Submit to CM right away anytime a new client is admitted to home.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 11/26/2024

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine RN

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Wilford Lishman
(PLEASE PRINT)

CCFFH Address: 94-143 Haaa Street Waipahu HI, 96797
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
43.(c)(3)	RN delegations Signed and Completed by CG#5 and CG#6 for Client #1 and Client #2. Sent Copy to CM and is now Placed in Clients Binder.		Home will have CG's delegated as soon as new admission or renewal and send to CM right away to prevent any missing requirements in the future.
49.(b)(3)	Call button now present and within reach of client #2 bedroom.		Home should have a call bell for each client to make sure their able to alert for assistance or in the case of an emergency to avoid any adverse events.
49(c)(3)	Client #1's bedroom cleaned and emptied soiled linen laundry to remove urine smell inside clients bedroom.		Home will take out soiled linens, wipe down clients bedrooms to ensure cleanliness and to avoid from having strong urine odor.Caregiver will make it as a routine to do this task daily starting from the early morning rounds throught the day.
50. (a)-	Emergency Preparedness Plan signed and trained for CG#2, CG#3,CG#5, and CG#6. Placed in Admin binder.		Home will make sure to train and have all CG's sign emergency preparedness plan right away. It is to be updated and kept in filed in Admin binder to avoid missing requirments.
50.(e)	Door bell is recharged and able to work properly.		Home will check doorbell periodically to ensure it is working properly to avoid malfunction in the future

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 11/26/2024

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine RN

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Wilford Lishman
(PLEASE PRINT)

CCFFH Address: 94-143 Haaa Street Waipahu HI 96797
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
53.(b)(9)	Client #2 use of hospital gown wont be used again unless service plan.		Home will not use a hospital gown for clients unless it's on service plan and unless client wants to use. Home will follow service plan from now on and understands rules.
53(b) (9)	Client #1 Consent of Video Monitoring signed and placed consent form in client #1 binder.		Home will not use a video monitoring system without proper consent and or permission from client and/or POA in the future. Prevent it by reading HAR rules. Home now understands rules.
53(b)(9)	Client#1 bedroom door fixed and able to lock door from inside.		Home should allow clients to be able to lock door from inside. To avoid errors in physical environment, home will read rules and also ask [REDACTED] what is allowed and what needs to be corrected to avoid mistakes in future.
54.(c)(2)	Client #1 Service Plan is signed and now Present in Client Binder.		Home will communicate with CM when clients binder is missing any documents. Check clients binders periodically to ensure no missing paperwork in future. Home understands rules. Save reminder notes unto my cellphone so not to lapse the 6 months SP due date.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 11/26/2024

CTA has reviewed all corrected items