

Foster Family Home - Deficiency Report

Provider ID: 1-220030

Home Name: Edwin Pengson, NA

Review ID: 1-220030-9

94-1007 Hiapo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/7/2025

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 during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 1/7/25).

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 present for CG#1, CG#3, and CG#4.

Foster Family Home Reporting Changes [11-800-12]

12.(4) In the household composition or structure of the home; and

Comment:

12.(4)- Primary Caregiver Disclosure form was not updated to reflect current composition of household members.

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#4.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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- 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)(7)- CG#1's TB clearance lapsed on 3/3/24 and was not renewed until 12/4/24.
41.(b)(8)- CG#1 and CG#3's bloodborne pathogen and infection control certifications lapsed on 1/4/25. No current certifications were present.
41.(g)- No basic skills check present for CG#1 for Client #1.

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 RN delegations were present for CG#1 for Client #1.

Foster Family Home	Fire Safety	[11-800-46]
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- 46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

- 46.(b)(2)- CG#4 without evidence of having conducted a monthly fire drill for the CCFFH.

Foster Family Home	Quality Assurance	[11-800-50]
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- 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:

Comment:

- 50.(a)- CG#4 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home	Client Rights	[11-800-53]
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- 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 #1 with a video surveillance camera inside the bedroom. No written consent present. Use of video surveillance equipment without a proper consent is a violation of client's privacy rights.

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Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

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

54.(c)(8) Personal inventory.

Comment:

54.(b)- No observation/progress notes present in Client #1's chart.

54.(c)(5)- Client #1's Medication Administration Record was incomplete. No signatures from 1/2/25- 1/7/25(am doses).

54.(c)(8)- No Personal Inventory initiated/maintained for Client #1's belongings.

Maribel Nakamine, RN 1/7/25
Compliance Manager Date
Alexander Pengson, scg 1/7/25
Primary Care Giver Date
for Edwin Pengson