

Foster Family Home - Deficiency Report

Provider ID: 1-633637

Home Name: Eufrocina Mendoza, CNA

Review ID: 1-633637-19

94-969 Awamoku Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 1/8/2025

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 (1/8/25).

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(5)(C)(i) Have a valid driver's license;

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)(4)- No Substitute Caregiver Disclosure form present for CG#4.

41.(b)(5)(C)(i)- No ID present for CG#4.

41.(g)- No basic skills checklist present for CG#4 in Client #1's chart/records.

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#4 for Client #1 and Client #2.

Foster Family Home Fire Safety [11-800-46]

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]

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.

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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)- CCFFH with a video surveillance in the CCFFH common areas (living room and hallway). There were no consents present from Client #1 and Client #2. Use of video surveillance without a proper consent is a violation of client's privacy right.

Maikel Nakamine, RN 1/8/25
Compliance Manager Date
[Signature] 1/8/25
Primary Care Giver Date