

# Foster Family Home - Deficiency Report

Provider ID: 4-180009

Home Name: Faina Borje, CNA

Review ID: 4-180009-13

120 Kealohilani Street

Reviewer: Terri Van Houten

Kahului HI 96732

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 2/7/2025.

## 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) - Lapse in eCrim for CG#4. ECrim was due 1/5/25 and was completed on 1/7/25.

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

16.(b)(3) Inform clients about their confidentiality practices;

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

16.(c)(2) The use or disclosure is specifically permitted under applicable federal or state rules or regulations.

Comment:

16.(b)(3), 16.(c)(1), 16.(c)(2) - The CCFFH did not have evidence that the client/POA for client #1 had received a copy of the confidentiality agreement practices or provided a consent for disclosure.

## 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) - The CCFFH did not have evidence that a basic skills check had been completed for CG#4 and CG#5 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) - The CCFFH did not have evidence that RN delegations had been signed by CG#4 and CG#5 for client #1. RN delegations had not been signed by CG#5 for client #3.

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## Foster Family Home

## Grievance

[11-800-45]

45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:
- 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;
- 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and
- 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45., 45(1), 45.(2), 45.(3) - the CCFFH did not have evidence that client #1/POA had received a copy of the grievance policy.

## Foster Family Home

## Client Rights

[11-800-53]

- 53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a) - The CCFFH did not have evidence that client #1/POA had received a copy of the CCFFH client rights policy.

## Foster Family Home

## 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)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(5) Medication schedule checklist;

Comment:

54.(b) - There was evidence of use of white out used on client documents.

54.(c)(2) - The CCFFH did not have evidence of a current and/or relevant service plan was in place for client #1, client #2, or client #3:

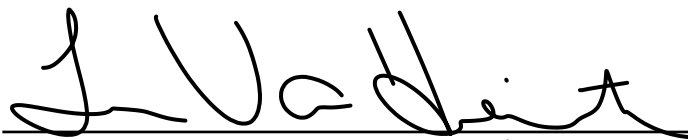
- Client #1 - Only the signature page of service plan was present. The service plan on file in the client's binder belonged to another individual not residing at the CCFFH.


- Client #2 - The client's service plan did not address a change in the client's condition related to swallowing precautions and elevated blood pressure.

- Client #3 - The last service plan available for the client was from July 25, 2023.

54.(c)(5) - Client #2 - Last date of documentation on the MAR was completed on 1/4/25.

54.(c)(5) - Client #3 - all pages of the monthly MAR did not include the month and year of completion.

  
Compliance Manager

  
Primary Care Giver

1/7/25  
Date

1/7/25  
Date