

Foster Family Home - Deficiency Report

Provider ID: 1-100016

Home Name: Marilyn Mooring, CNA

Review ID: 1-100016-17

94-531 Kipou Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 11/14/2024

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: 11/14/2024).

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 current criminal background completed for CG#1, CG#2, CG#3, HHM#1, and HHM#2. Background check was due by 2/08/2024 for CG#1, CG#2, HHM#1, and HHM#2 and 7/25/2023 for CG#3.

8.(a)(1): No evidence provided by CCFFH of sex offender searches were completed for CG#1, CG#2, CG#3, CG#4, HHM#1, HHM#2, and HHM#3. No documentation provided.

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

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.

Comment:

41.(b)(7): No documentation provided by CCFFH of current TB clearance for CG#1, CG#3, and CG#4. TB was due by 12/08/2023 for CG#1, 9/30/2024 for CG#3, and 6/05/2024 for CG#4.

41.(b)(7): No evidence provided by CCFFH of current TB clearance signed by MD/APRN/DO for CG#2. Current TB clearance signed by a RN.

41.(b)(8): No evidence provided by CCFFH of current first aid/CPR training for CG#3. Training was due by 12/22/2023 for CG#3.

41.(b)(8): No evidence provided by CCFFH of current bloodborne pathogen/infection control training for CG#3 and CG#4. Training was due by 1/5/2024 for CG#3 and 5/28/2024 for CG#4.

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3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff: No documentation provided by CCFFH within the past 12 months of caregiver sign-in and out being recorded. Unable to verify hours.

Foster Family Home

Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): No documentation provided by CCFFH of fire drills conducted monthly. No fire drill conducted in 12/2023.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No documentation provided by CCFFH of physician order for use of bed side rails for client #1.

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 of written consent/acknowledgment of use of camera/monitor by client #3/responsible party. Camera found in client's bedroom.

3 Person Physical Environment

3 Person Physical Environment

(3P) Env.

(3P)(a)(1) Env. The two clients must consent to share the room

Comment:

(3P)(a)(1) Env: No documentation of written consent of okay to be in a shared room by client #1/responsible party. Admission policy provided by CCFFH documents client wanted his own room.

Foster Family Home

Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e): 50.e The CCFFH has a gate at the sidewalk that lacks a communication method to inside the CCFFH for quick access into the CCFFH by visitors. Gate was locked and no bell was found to communicate within CCFFH.

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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;


54.(c)(8) Personal inventory.


Comment:

54.(c)(5): No evidence provided of daily documentation of medication administration for client #1, client #2, and client #3. Last documentation of medications for client #1 dated 10/24/2024. No documentation from 10/26/2024 to 10/31/2024 for client #2 and 10/24/2024 to 10/31/2024 for client #3.

54.(c)(6): No evidence provided of daily documentation of ADLs for client #1, #2, and #3. Last documentation dated 7/7/2024 for client #1, 7/31/2024 for client #2, and 11/30/2023 for client #3.

54.(c)(8): No documentation provided by CCFFH of inventory of personal belongings for client #1 and #3.



Compliance Manager


Primary Care Giver

11/14/24
Date
11/14/24
Date