

Foster Family Home - Deficiency Report

Provider ID: 1-576225

Home Name: Marylou Gorospe, CNA

Review ID: 1-576225-23

91-711 Pohakupuna Road

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 12/4/2024

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 3 bed re-certification inspection.

Client #1 has an expired Form 1147 on 9/8/2024.

Client #2 is missing Form 1147.

Client #3 has expired Form 1147 on 3/10/2024.

CNA Registry Check was not present for CG#1, CG#3, CG#5.

Sex Offender Check was not present for All caregivers and HHMs over 18 year old.

Deficiency Report issued during CCFFH inspection via email on 12/4/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.(a)(1) Fingerprint was overdue for CG#5. Fingerprint was due on or before 7/9/2024 and was is not present in the CCFFH file.

8(a)(2) APS/CAN checks were lapsed for CG#1.

APS/CAN was due on or before 3/18/2024 and was completed on 4/15/2024.

8(c) State Name Check (eCrim) was overdue for CG#1. State Name Check (eCrim) was due on or before 3/9/2024 and is not present in the CCFFH file.

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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)(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.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.
- 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 disclosure form present for CG# 3.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1, CG#4 and CG#5. All TB were expired, in respect, they were due on 1/26/2024, 2/21/2023, 7/5/2024.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#1, #2, #3, and #4. It was due on/before 12/1/2024.

41.(e) CG#5 is missing her 3 bed approval form.

41.g. No basic skills check present in record for CG#1, #2, #3, #4, and #5 for Client #1, #2, and #3.

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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 delegation present for Client #1 and Client #2. Missing all caregivers. No RN delegation present for Client #3 for CG#5.

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3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

CG #2, #3, #4, and #5 are missing fire drill conducted.
CCFFH is missing Fire Drills for 11/2023, 12/2023, and 11/2024.

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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) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place.

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Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence of a current liability insurance policy for the business.

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Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) The CCFFH had documentation of limited visiting hours/visiting restrictions. Per Federal Regulations, visiting hours cannot be restricted or limited for the client without specific reasons identified in the client's service plan which the client agrees to.

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Records

[11-800-54]

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

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;

Comment:

54(c)(2) No current service plan present for Client#3. Last one in record is dated 12/2/2023.

54(c)(6) No ADL flow sheet present for Client# 1 for December 2024.

No ADL flow sheet present for Client# 3 for October, November, and December 2024.

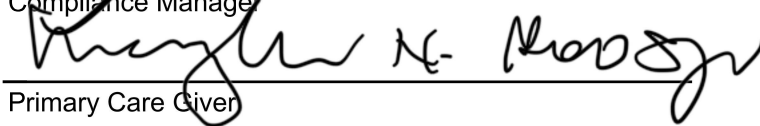
ADL flowsheet was not documented daily for Client#2. Sheet not completed from 11/28/2024 to 12/3/2024. Diabetic flowsheet was not documented daily for Client#2. Sheet not completed from 10/01/2024 to 12/3/2024.

Client #1 did not have evidence of RN monthly visit notes for 10/2024.

Client #3 did not have evidence of RN monthly visit notes for 8/2024 and 10/2024.



Compliance Manager



Primary Care Giver

12/4/2024

Date

12/04/24

Date