

Foster Family Home - Deficiency Report

Provider ID: 1-210028

Home Name: Shane Fernandez, NA

Review ID: 1-210028-10

94-917 Kuhaulua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/21/2024

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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 11/21/24).

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

Comment:

8.(a)(1), (2)- HHM#2's APS/CAN/Ecrim lapsed on 3/25/24 and no current results were present.

8.(a)(1)- CG#6 without a sex offender search result.

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#6.

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)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(4)- CG#6 without a completed Substitute Caregiver Disclosure Form.

41.(b)(7)- CG#1's TB clearance lapsed on 11/7/23 and was not done until 7/3/24. CG#2's TB clearance lapsed on 11/7/23 and was not done until 11/8/24.

41.(c)- CG#1 was short of 17 hours of the required 24 hours of annual in-services for 24 months (2022-2023)

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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 nighttime monthly fire drill conducted for the past 12 months.

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Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Client #1 and Client #2's bedroom windows were missing screens- bugs, mosquitoes, vermins, & insects can enter the CCFFH and can possibly bite the clients. Also, Client #1 and Client #2's bedroom window latches were broken- unable to open the jalousies for fresh air to circulate inside clients' bedrooms/CCFFH.

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Client Rights

[11-800-53]

53.(b)(13) Retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other clients;

Comment:

53.(b)(13)- Client #2's closet with an unused portable air conditioner being stored inside the closet that didn't belong to the client.

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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)(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;

Comment:

54.(c)(2)- Client #2's Service Plan dated 5/1/24 without the client/POA's signature. Client #2's Service Plan did not address client's use of safety belt restraint (wheelchair).

54.(c)(5)- one of Client #1's scheduled medication (was available on hand) was missing an MD's order and was not transcribed in the client's Medication Administration Record.

54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet for the month of November 2024 was last completed on 11/18/24.

Maikel Makamine, RN 11/21/24
Compliance Manager Date
R. L. Anderson 11/21/24
Primary Care Giver Date