

Foster Family Home - Deficiency Report

Provider ID: 4-510869

Home Name: Luz Alonzo, CNA

Review ID: 4-510869-20

508 South Kamehameha
Avenue

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 7/14/2025

Foster Family Home	Required Certificate	[11-800-6]
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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 8/14/2025.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(3) Inform clients about their confidentiality practices;

16.(c) Information about an applicant or recipient shall not be used or disclosed unless;

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) - The CCFFH did not have evidence that client #1/legal rep had been informed of the confidentiality practices.

16.(c), 16.(c)(1), 16.(c)(2) - The CCFFH did not have event that client #1 had signed the consent form. The form was present in the record but did not include a signature.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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.

Comment:

41.(a)(3) - The CCFFH did not have evidence of a photo ID for CG#6 and CG#10, CTA was unable to verify that CG met age requirements.

41.(b)(7) - The CCFFH did not have evidence of a current TB clearance/exemption for CG#10. TB clearance on file expired 6/10/25.

41.(b)(8) - The CCFFH did not have evidence that CG#6 had completed bloodborne pathogen training in the last 12 months.

41.(e) - The CCFFH did not have evidence of a CG approval form for CG#7, #9, and #10.

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Grievance

[11-800-45]

- 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.(1), 45.(2), 45.(3) - The CCFFH did not have evidence that client #1/legal rep. had been informed of and provided with a copy of the Grievance policy.

Foster Family Home

Client Account

[11-800-48]

- 48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a)- The CCFFH did not have evidence that a written accounting log of personal funds was being maintained for client #1.

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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/legal rep. had been informed of and provided with a copy of the client rights.

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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;

Comment:

54.(c)(2) - The service plan does not accurately reflect the care required and/or being provided for client #3. The service plan does not include any instructions to check blood sugar, to monitor for hypertension, or to manage dialysis.


54.(c)(5) - Medication discrepancies noted between order, MAR, and prescription for client #3.

1. Ondansetron 4 mg by mouth dissolve on tongue every 8 hours ordered on 11/1/24. Prescription bottle present matches the order. The MAR from November 2024 to present does not include this order.

2. Meclizine 20 mg by mouth daily ordered 11/1/24. Prescription bottle present matches the order. The MAR from November 2024 to present does not include this order.

3. July 2025 MAR indicates blood sugars should be checked daily. In November 2024, the MAR was changed to check blood sugars weekly, then changed back to daily in March 2025. No order was located to confirm that blood sugar checks were changed to weekly. Most recent instructions reflect blood sugar checks should be done daily.


Compliance Manager


Primary Care Giver

7/14/25
Date
7/14/25
Date