

Foster Family Home - Deficiency Report

Provider ID: 1-200037

Home Name: Heidle Liza Doumitt, CNA

Review ID: 1-200037-3

94-218 Pupukahi Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 7/13/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced recertification inspection for a 1 person CCFFH completed.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 8/13/2021.

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 fingerprinting record for CG#5.

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

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.

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.(c)- No annual in services training present for CG#3 and CG#4.

41.(g)- No basic skills checklist present in Client #1's chart for CG#3 and CG#4.

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- No monthly fire drill present on 12/2020 and 1/2021.
CG#3 and CG#4 without evidence of having conducted a monthly fire drill.

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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:

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.(a)- CG#3 and CG#4 were without evidence of having had the CCFFH's Emergency Preparedness Plan training.

50.(e)- No doorbell/buzzer present in CCFFH's gate and front door for CTA/agency's quick access to CCFFH.

Maikel Makamine, RW 7/13/2021
Compliance Manager Date
J. O'Connell
Primary Care Giver Date
7.13.21