

Foster Family Home - Deficiency Report

Provider ID: 1-190076

Home Name: Karren E. Caparas, CNA

Review ID: 1-190076-5

94-240 Kiaha Loop

Reviewer: Maribel Nakamine

Mililani

HI 96789

Begin Date: 7/14/2021

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 2 person CCFFH completed.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 8/14/2021.

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

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.(g)- No basic skill checklist completed for CG#2 on Client #1.

Foster Family Home 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 on [REDACTED] Administration for CG#2 on Client #1.

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(2)- Client #1's Service Plan dated 1/1/2021 without the Client/POA's signature.

Maribel Nakamine, RN

Compliance Manager

Karren Caparas

Primary Care Giver

7/14/2021

Date

7/14/21

Date