

Foster Family Home - Deficiency Report

Provider ID: 1-140063

Home Name: Rosalinda C. Alfaro, CNA

Review ID: 1-140063-9

1268 Glen Avenue

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 7/15/2021

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 8/15/2021.

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.(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)- No Substitute Caregiver Disclosure Form present for CG#3.

41.(c)- No annual in service training of 8 hours present for CG#3.

Foster Family Home 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)- No evidence of CG#3 and CG#4 having had the CCFFH's Emergency Preparedness Plan training.

Maribel Nakamine, KE 7/15/2021

Compliance Manager

Date

Rosalinda C. Alfaro

7/15/2021

Primary Care Giver

Date