

Foster Family Home - Deficiency Report

Provider ID: 2-511883

Home Name: Imelda Pacris, LPN

Review ID: 2-511883-11

124 West Kinai Place

Reviewer: Terri Van Houten

Hilo HI 96720

Begin Date: 8/2/2021

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 home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 9/2/2021.

CG requesting to decrease to 2 clients at next renewal.

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) - CG#1, #2, #3 and HHM #2 did not have current eCrim report on file

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) - HHM#2 did not have evidence of confidentiality training on file.

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).

Comment:

41.(b)(4) - cg#2 AND cg# 3 do not have a disclosure form on file.

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3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

(3P)(b)(3) Staff There is no provision for a three-hour or less substitute caregiver in CCFFHs with three clients in the home. If CTA approved an SCG for three hours or less, that approval applies only for one or two clients in a home.

Comment:

(3P)(a)(4) Staff - CG#3 did not have evidence of a CNA or NA certificate. First approved as a less than 3 hour caregiver.

(3P)(b)(3) Staff - CG#3 did not have an approval to work in a 3 client CCFFH.

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) - CG#2 had not signed the RN delegations for client #2.



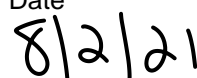
Compliance Manager



Primary Care Giver



Date



Date