

# Foster Family Home - Deficiency Report

Provider ID: 2-130042

Home Name: Romeo Salom, Jr., CNA

Review ID: 2-130042-10

479 Luakaha Street

Reviewer: Terri Van Houten

Hilo HI 96720

Begin Date: 8/4/2021

## 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 9/4/2021.

## 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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) - CG#2 and CG#6 did not have a current state name check (eCrim) on file.

8.(a)(2) - CG#1 and CG#7-Lapse in APS/CAN. CGs did not renew APS/CAN prior to expiration date. CG#7 lapse in fingerprint results, did not renew prior to expiration date.

## 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.(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.(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) - CG#2 and CG#6 did not have a disclosure form on file.

41.(b)(7) - CG#2, CG#6 and CG#7 did not have evidence of a current TB clearance.

41.(b)(8) - CG#2 and CG#6 did not have evidence of current CPR/First aid, Bloodborne Pathogen/Infection prevention training.

41.(c) - CG#1 did not have evidence of 12 hrs of inservice training in the last 12 months.

# Foster Family Home - Deficiency Report

**3 Person Fire Safety,  
Natural Disaster**

**3 Person Fire Safety**

**(3P) Fire**

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire - CCFFH did not have evidence that CG#2, CG#4, and CG#6 have conducted a fire drill in the last year.

**Foster Family Home**

**Physical Environment**

**[11-800-49]**

49.(e) The home shall have policies regarding smoking on the property that:

Comment:

49.(e) - CCFFH did not have evidence of a smoking policy.

**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) - CCFFH did not have evidence of an emergency management plan.

**Foster Family Home**

**Client Rights**

**[11-800-53]**

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) - CCFFH did not have evidence of a visitation policy or evidence of visitation hours.

**Foster Family Home**

**Records**

**[11-800-54]**

54.(c)(5) Medication schedule checklist;

54.(c)(8) Personal inventory.

Comment:

54.(c)(5) - Medication discrepancy noted for Client #1. MAR did not match MD order.

54.(c)(8) - Client #1 did not have evidence of a personal inventory completed since admission.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

8/4/21  
\_\_\_\_\_  
Date  
8/4/21  
\_\_\_\_\_  
Date