

Foster Family Home - Deficiency Report

Provider ID: 4-110055

Home Name: Jasmine Rivera, NA

Review ID: 4-110055-11

489 Kopaa Place

Reviewer: Terri Van Houten

Wailuku

HI 96793

Begin Date: 8/16/2021

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 annual home inspection for 2 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 9/16/2021.

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#1 did not have a current certified copy of their EcRIM on file. CG# 2 did not have a current eCrim on file. (Last one on file from 8/25/15). CG#3 did not have a current eCrim on file. (Last one on file from 8/25/17)

8.(a)(2) - CG#~~3~~⁴ did not have current APS/CAN results on file. (expired 8/15/20)

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

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.

41.(d) The substitute caregiver who provides three or more hours of services per day to a client shall, at a minimum, be a NA.

Comment:

41.(b)(7) - CG #1, 2, 3 and 4 did not have a current TB clearance on file.

41.(b)(8) - CG #1, 3 and 4 did not have a copy of a current CPR/First Aid. CG# 3 AND 4 did not have a current Bloodborne Pathogen training certificates on file.

41.(c)- CG #3, and 4 did not have evidence of minimum hours required for inservice training within the last 12 months.

41.(d) - CG #3 and 4 had expired CNA certificates

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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) - Client #1 was missing signatures from CG #3 and 4 nursing delegations.

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.

Comment:

46.(a) - CCFFH was missing evidence of fire drill completion from 4/21, 5/21 and 7/21.



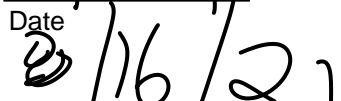
Compliance Manager



Primary Care Giver



Date



Date