

Foster Family Home - Deficiency Report

Provider ID: 1-110051

Home Name: Emily Rivera, CNA

Review ID: 1-110051-14

1917 Hanu Lane

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 9/21/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification
Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 10/21/2021.

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;

Comment:

8.(a)(1)
HHM #1, CG#5 and CG#7 have only 1 set of fingerprint

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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.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7)
CG#5, CG#7 have no 2021 TB

41.(b)(8)
CG#3 last TB 5/8/2020
CG#5 TB none 2020 has 2019 and 2021

41.(c)
CG#3 and CG#6 had only 6 hours training in 2020
CG#4 and CG#7 had no training in 2020.

41.(e)
CG#4 Only 2 client approval
CG #6 needs 3 client approval form in binder
CG#7 is NOT approved for 3 clients Was not in [REDACTED], but had 2 client approval for 2018.

41.(f)(1)
HHM#1 has no 2020 TB

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 not delegated for Client #1

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire


- (3P)(b)(1) Fire shall be conducted monthly


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

Comment:

(3P)(b)(1) Fire
(3P)(b)(6) Fire

No May, July, Sept, Oct Nov Fire Drill in 2020. No Fire Drill by CG#2, 4, 5, 6, 7 in 2020



 Compliance Manager


 Primary Care Giver

9/21/2021

 Date
 9/21/2021

 Date