Foster Family Home - Deficiency Report

Provider ID: 5-577380

Home Name: Cristina Dullaga, CNA Review ID: 5-577380-15

1657 Malakia Street Reviewer: Maribel Nakamine

Kapaa HI 96746 Begin Date: 10/19/2021

Foster Family Ho	ome Required Certificate	[11-800-6]

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 11/19/2021.

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), (2)- No 1st & 2nd year Fingerprinting present for CG#2 and Ecrim lapsed on 10/16/2020 done on 11/20/2020. CG#3 without 1st & 2nd year Fingerprinting result and Ecrim lapsed on 10/16/2020 done on 11/3/2020.CG#4'S APS/CAN/Fingerprinting lapsed on 3/20/2020 and no current result present. HHM#3 and HHM#4 without the 1st and 2nd year of Fingerprinting. HHM#5 without APS/CAN/Fingerprinting present.

Foster Family Home	Information Confidentiality	[11-800-16]
i oster i anni y rionie		[11-000-10]

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)- CG#4 and HHM#5 without evidence of having been trained with the CCFFH's confidentiality policies and procedures and client privacy rights training.

Foster Family I	Home Personnel and Staffing	[11-800-41]		
41.(b)(8)	Have documentation of current training in blood resuscitation, and basic first aid.	d borne pathogen and infection control, cardiopulmonary		
41.(f)(1)	Tuberculosis clearances that meet department of health guidelines; and			
41.(g)	and specific skill areas needed to perform task	assessed by the department for competency in basic caregiver skills is necessary to carrying out each client's service plan. The proof all caregivers shall be kept in the client's, case manager's, and vice plan.		

Comment:

- 41.(b)(8)- CG#2's bloodborne pathogen and infection control certification expired on 3/8/2021; CG#4's First Aid certification expired on 6/2021. Both had no current certificates present.
- 41.(f)(1)- HHM#5 without any TB clearance present.
- 41.(g)- No basic skills checklist present for CG#4 on Client #1.

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Foster Family H	ome	Client Care and Services	[11-800-43]		
43.(c)(3)		on the caregiver following a service plan for addres lient care and services as provided in chapter 16-8	sing the client's needs. The RN case manager may 9-100.		
Comment:					
43.(c)(3)- No RN delegations present for CG#4 on Client #1.					
Foster Family H	ome	Physical Environment	[11-800-49]		
49.(a)(2)	Grab bars	in bath and toilet rooms used by the client, as appr	opriate;		
Comment:					
49.(a)(2)- No present near clients' toilet.					
Foster Family H	ome	Quality Assurance	[11-800-50]		
50.(a)		shall have documented internal emergency manag that may affect the client, such as but not limited to:			
Comment:					
50.(a)- CG#4 without evidenced of having been trained with the CCFFH's Emergency Preparedness Plan.					
Foster Family H	ome	Client Rights	[11-800-53]		
53.(b)(7)	Not be humiliated, harassed, or threatened, and be free from physical and chemical restraints. Physical and chemical restraints may be used as specified in section 11-800-47(d);				
53.(b)(9)	Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;				
Comment:					
53.(b)(7)- Client #1's bedroom door and also an emergency/evacuation exit was locked with a combination padlock. 53.(b)(9)- Client #1 with a inside bedroom; no written authorization from client's POA present in client's chart.					

Compliance Manager

Primary Care Giver

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Date

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