

Foster Family Home - Deficiency Report

Provider ID: 3-180060

Home Name: Eileen P. Pomroy, CNA

Review ID: 3-180060-7

18-1639 Ihope Road

Reviewer: Terri Van Houten

Mt. View HI 96771

Begin Date: 12/1/2021

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 2 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 12/31/2021.

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#2 did not have evidence of APS/CAN or fingerprints from 2020 (Missing second set of two consecutive background checks)

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

Comment:

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

41.(c) - CG#2 did not have evidence of 8 hours of inservice training in the last 12 months

41.(f)(1) - HHM#2 did not have evidence of current TB clearance or exclusion for 2020 and 2021.

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) - No evidence that CG#2 has signed the RN delegations for Client #1 or Client #2

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Foster Family Home

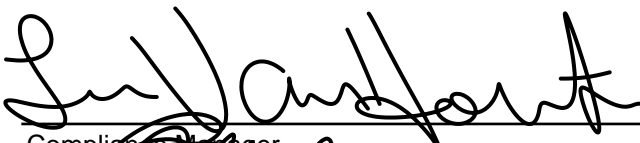
Records

[11-800-54]

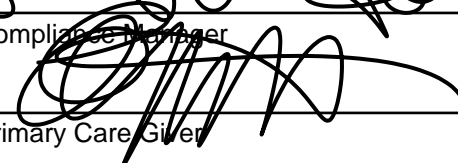
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

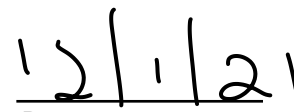
54.(c)(6) - CCFFH missing evidence that ADL flowsheets are documented daily. Client #1 last documented on 11/11/21. Client #2 last documented 10/17/21.



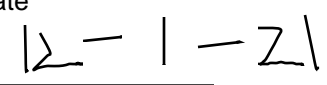
Compliance Manager



Primary Care Giver



Date



Date