

Foster Family Home - Deficiency Report

Provider ID: 2-190004

Home Name: Gemma Fernandez, CNA

Review ID: 2-190004-6

16-1527 37th Avenue,
Orchidland

Reviewer: Terri Van Houten

Kea'au HI 96749

Begin Date: 11/18/2021

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 12/18/2021.

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

41.(a)(2) Be a NA, an LPN, or RN;

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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.(a)(2) - CG#2 did not have a current CNA certificate on file.

41.(a)(3) - CG#2 and CG#3 did not have evidence of work experience on file.

41.(b)(4) - CG#2 did not have evidence of a disclosure form on file.

41.(b)(5) - CG#3 did not have evidence of a current state driver's license or state ID on file.

41.(b)(5) - CCFFH did not have evidence of an alternate transportation plan completed for CG#2 and CG#3

41.(b)(7) - CG#3 did not have evidence of a current TB clearance on file.

41.(b)(8) - CG#3 did not have evidence of Bloodborne Pathogen training completed within the last 12 months.

41.(c) - CG#3 did not have evidence of 12 hours of inservice training on file.

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**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 - CG#2 and CG#3 did not have evidence of conducting a fire drill within the last 12 months.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2) - CCFFH did not have [redacted] located in the bath tube or near the toilet in the client bathroom.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2) - CCFFH did not have evidence of current automobile insurance.



Compliance Manager

Primary Care Giver



Date



Date

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