

Foster Family Home - Deficiency Report

Provider ID: 1-512229

Home Name: Odette Josue, NA

1719 A Owawa Street

Honolulu

HI

96819

Review ID: 1-512229-9

Reviewer: Julie Hastings

Begin Date: 10/25/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home inspection completed for a 2 person CCFFH recertification
Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 11/25/2021.

Foster Family Home	Background Checks	[11-800-8]
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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#3 only has one set of fingerprint dated 5/31/2019 no 2020 fingerprint#2 only APS/CAN.

HHM#5 has no fingerprint

8.(a)(2)
HHM#5 has no APS/CAN

Foster Family Home	Information Confidentiality	[11-800-16]
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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:

HHM#5 has not signed privacy/confidentiality agreement.

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

Comment:

41.(b)(7)
CG#2 last TB was 11/4/19. no 2020 TB

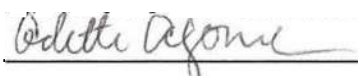
41.(b)(8)
CG#3 CPR/First Aide expired 3/31/2020
CG#3 has no Bloodborne training in 2020

41.(c)
CG#1 has only 3 hours training documented for 2020
CG#2 has only 1.5 hours training documented for 2020
CG#3 has no training documented for 2020

41.(f)(1)
HHM#2, #3, #4 last TB clearance was 9/21/19. no 2020 or 2021 TB



Compliance Manager



Primary Care Giver

10/25/2021

Date

10/25/2021

Date

CTA RN Compliance Manager: Julie Hastings, BSN, RN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Odette Josue

(PLEASE PRINT)

CCFFH Address: 1719A Owawa St. Honolulu, HI 96819

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.a.1 8.a.2	Fingerprint 2020 for CG#3 found. Fingerprint done for HHM#5. Both placed in home record.		I will add this to my spreadsheet of requirements for my █ CGs and HHMs.
16.b.5	Provided privacy/confidentiality training to HHM#5 and has signed agreement. Placed in home record.	11/15/2021	I will add this to my spreadsheet of requirements for my █ CGs and HHMs.
41.b.7 41.b.8	CG#2 obtained TB clearance for 2021. Placed in home record. CG#3 obtained CPR/FA and BBP training in 2020. Placed in home record.	11/04/2021	I will add these to my spreadsheet of requirements for my █ CGs and HHMs. I will add this to my spreadsheet of requirements for my █ CGs and HHMs.
41.c	CG#1 Lapse cannot be corrected CG#2 Lapse cannot be corrected CG#3 Obtained training for 2020.		I will add this to my spreadsheet of requirements for my █ CGs and HHMs.
41.f.1	Obtain TB clearance for HHM#2, #3, and #4 for 2021 and placed in home record.	11/06/2021	I will add this to my spreadsheet of requirements for my █ CGs and HHMs.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Odette Josue

Date: 11/20/2021

☒ CTA has reviewed all corrected items