

Foster Family Home - Deficiency Report

Provider ID: 1-120001

Home Name: Starlyn Cabading, CNA

Review ID: 1-120001-12

91-1061 Kauiki Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 11/11/2021

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

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification. Decrease to 2 bed CCFFH per CCFFH request

Deficiency Report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

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) NO current APS/ CAN for CG # 1

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

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) No evidence of current CPR, First aid certification for CG # 4

41.(b)(5)(C)(ii) CG 2 TB results cannot be accepted due to being incomplete

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) No evidence of Fire drills conducted since 2019

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Foster Family Home

Records

[11-800-54]

- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(5) Medication schedule checklist;
- 54.(c)(7) Expenditure records; and
- 54.(c)(8) Personal inventory.

Comment:

54.(c)(7) No proof of Expenditure records client 1 and 2

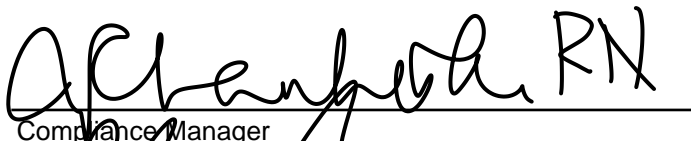
54.(c)(8) Personal inventory sheet is blank and not signed for client 1 and 2

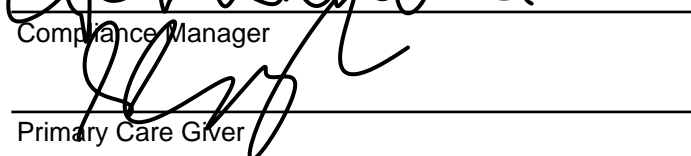
54.(c)(2) Service plan for clients #1 and # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

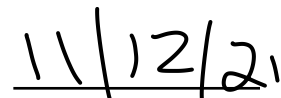
54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders.

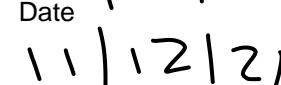
54.(c)(5) No November MAR for client # 1, MAR has not been signed since 10/21/21 for client 1 and 11/09/21 for client 2

54.(c)(5) 1 med for client 1 and 1 med for client 2 was not present in the CCFFH at all


Compliance Manager


Primary Care Giver


Date


Date