

# Foster Family Home - Deficiency Report

Provider ID: 2-618936

Home Name: Josephine Javar, LPN

Review ID: 2-618936-10

94-6264 Puka Street

Reviewer: Terri Van Houten

Naalehu

HI 96772

Begin Date: 1/19/2022

## 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 2/19/2022.

## 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) - CG#2 did not have evidence of fingerprints on file.

8.(a)(2) - CG#2 did not have a current APS/CAN on file (expired 8/12/21)

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

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

Comment:

41.(b)(4) - CG#3 did not have evidence of a disclosure form on file.

41.(b)(8) - Unable to verify that CPR/First Aid card were valid for CG#1 and CG#2. Will need to provide evidence of valid card or repeat training.

## Foster Family Home Fiscal Requirements [11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b) - CCFFH did not have evidence that monthly fiscal records are being maintained. Last documented fiscal records are from August 2021.

# Foster Family Home - Deficiency Report

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;

Comment:

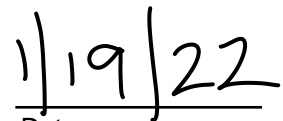
54.(c)(2) - CCFFH did not have evidence of a service plan for Client #1. Client was admitted [REDACTED], signature page is present only.



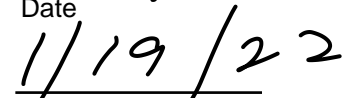
Compliance Manager



Primary Care Giver



Date



Date