

Foster Family Home - Deficiency Report

Provider ID: 1-200077

Home Name: Judy H. Canlas, CNA

Review ID: 1-200077-3

94-534 Hakea Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/17/2022

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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 4/17/2022.

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), (2)- No APS/CAN/Fingerprinting results present in the CCFFH binder for CG#2 and CG#3.

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

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:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for CG#2, CG3, HHM#1, and HHM#2.

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)- TB clearances expired for CG#2 on 1/5/22 and CG#3 on 12/20/21. No current results present in the CCFFH binder.

41. (b)(8)- CG#2's CPR expired on 2/2022 and no current certification present; no basic first aid certification present at all.

41.(c)- CG#2 and CG#3 without any annual in services hours present for the year 2021.

41.(f)(1)- HHM#2's TB clearance expired on 2/12/22 and no current result present in the CCFFH binder.

Foster Family Home - Deficiency Report

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2 and CG#3 without evidence of having had the CCFFH's Emergency Preparedness Plan training.

Maribel Nakone, RN 3/17/22
Compliance Manager Date
[Signature] 3/17/22
Primary Care Giver Date