

Foster Family Home - Deficiency Report

Provider ID: 1-200008

Home Name: Lourdes Ibe, CNA

Review ID: 1-200008-7

91-1189 Pohahawai Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 1/7/2021

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 2 bed re-certification.

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) ECRIM past due for CG 2
APS CAN and ECRIM cannot be located for HHM 3 and 4

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.

Comment:

41.(b)(7) TB clearance is past due for CG 1,2,3 and HHM 3 and 4
41.(b)(8) CG 1, 2 3 no proof of current CPR first aide or BBP

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 proof of any fire drills

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Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

49.(e) The home shall have policies regarding smoking on the property that:

49.(e)(2) Identify designated areas that may be used for purposes of smoking.

Comment:

49.(c)(3) outdoor living spaces are cluttered in an unsafe manner with stacked boxes and storage causing a fire hazard and obstructing the wheelchair access

49.(e)(2) At the time of inspection, client # [redacted] was smoking outside the side door, dropped the cigarette in her lap and then to the ground.

49.(e) CCFFH unable to locate a smoking policy. Client # [redacted] is a smoker.

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Records

[11-800-54]


54.(b)(1) Permit effective professional review by the case management agency, and the department; and

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;


Comment:

54.(b)(1) CCFFH administrative binder is in disarray making it difficult to survey

54.(c)(2) Service plan for clients #1 have discrepancies between the written service plan, the MD order, and the actual CCFFH practices including frequency of VS, weight, [redacted] [redacted] use, smoking precautions and [redacted] [redacted] use



Compliance Manager



Primary Care Giver

1/7/22

Date

1/7/27

Date