

Foster Family Home - Deficiency Report

Provider ID: 1-180036

Home Name: Marilou L. Calaycay, CNA

Review ID: 1-180036-7

91-1072 Kaunolu Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 2/28/2022

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

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

Comment:

6(d)(1) 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) APS CAN is expired for CG 1,2,3 and 4 HHM 4

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

41.(a)(2) Be a NA, an LPN, or RN;

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.(a)(2) CG 2 CNA certificate is expired

41.(b)(7) no current TB clearance for CG 1 or HHM 2,3,4 and 5

41.(b)(8) CG 1, 3 and 4 have expired CPR, First aid and blood borne pathogen training

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 CG 3 or 4 leading a fire drill

Foster Family Home - Deficiency Report

Foster Family Home

Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) visiting hour policy state limited to 9-3. Per "My choice my way" visiting hours cannot be restricted

Foster Family Home


Records

[11-800-54]

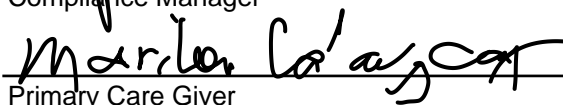
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

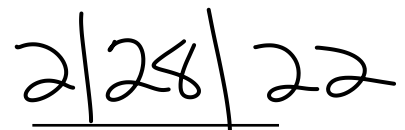
54.(c)(2) Service plan for client # 2 have discrepancies between the written service plan, the MD order, and the actual CCFH practice



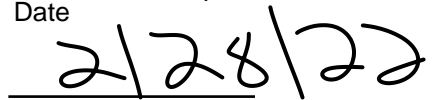
Compliance Manager



Primary Care Giver



Date



Date