

# Foster Family Home - Deficiency Report

Provider ID: 4-150062

Home Name: Melanie Salgado, CNA

Review ID: 4-150062-10

343 Kenolio Road

Reviewer: Terri Van Houten

Kihei HI 96753

Begin Date: 1/10/2022

## 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 2/11/2022.

## 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#3 and CG#4 had expired eCrim on file. HHM#1 did not have evidence of fingerprints on file.

8.(a)(2) - CG#3 did not have a current APS/CAN on file.

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

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)(8) - CG#3 and CG#4 did not have evidence of bloodborne pathogen training completed within the last year.

41.(b)(8) - CG#3 did not have evidence of a current CPR/First Aid training certificate on file.

41.(c) - CG#4 did not have evidence of 12 hrs of inservice training on file.

41.(f)(1)-HHM#1, HHM#2, and HHM#3 did not have evidence of a current TB clearance or TB exclusion form on file.

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**3 Person Fire Safety,  
Natural Disaster**

**3 Person Fire Safety**

**(3P) Fire**

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire - CCFFH did not have evidence that fire drills are being completed monthly.

**Foster Family Home**

**Client Account**

**[11-800-48]**

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a) - CCFFH did not have evidence that they are maintaining a written account of client's personal funds received and expended on the client's behalf. (Last documented in 2018).

**Foster Family Home**

**Insurance Requirements**

**[11-800-51]**

51.(a)(1) General;

Comment:

51.(a)(1) - CCFFH did not have a copy of the current Liability Insurance coverage.

**Foster Family Home**

**Records**

**[11-800-54]**


54.(c)(8) Personal inventory.

Comment:

54.(c)(8) - Client #1 did not have evidence that a personal inventory log was completed during or since admission.



Compliance Manager



Primary Care Giver

1/11/22

Date

1/11/22

Date