

# Foster Family Home - Deficiency Report

Provider ID: 4-200027

Home Name: Liza Rose I. Balacang RN

Review ID: 4-200027-6

446A Onehee Avenue

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 4/18/2022

## 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 2 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 5/18/2022.

The issue of an unapproved caregiver present will be addressed under separate cover. Please continue to address your Corrective Action Report and submit by the due date specified on your CAR.

## 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) CG#4 and HHM#1 did not have evidence of the second consecutive fingerprint on file

## 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) - CG#2 did not have evidence that they were trained on confidentiality and privacy rights.

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## 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)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.
- 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.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.
- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

- 41.(b)(4) - CG#2 did not have evidence of a disclosure form on file.
- 41.(b)(5) - CG#2 did not have evidence of an alternate transportation plan. CG#4 and HHM #1 did not have a current state issued ID on file.
- 41.(b)(7) - CG#4 did not have evidence of a current TB clearance on file.
- 41.(b)(8) - CG#4 did not have evidence of current BBP training.
- 41.(e) - Upon arrival to the CCFFH, an unapproved CG was present with the clients.
- 41.(f)(1) - HHM#2 did not have evidence of a current TB clearance or a TB exclusion form on file.
- 41.(c) - CG#1, #2 and #3 did not have evidence of 12 hours of inservice training in the last 12 months.

## Foster Family Home

## Fire Safety

[11-800-46]

- 46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

- 46.(b)(2) - CCFFH did not have evidence that all CGs have conducted a fire drill in the last 12 months.

## Foster Family Home

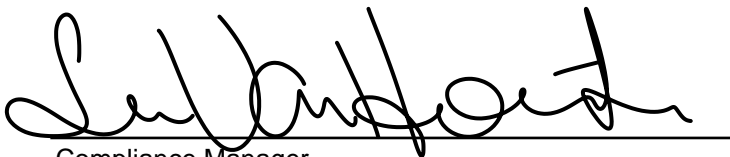
## Records


[11-800-54]

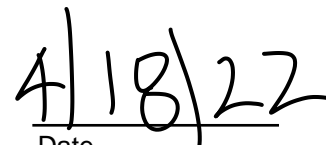
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

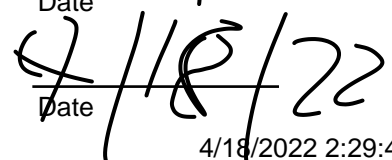
Comment:

- 54.(c)(2) - Client #1 did not have evidence of a current service plan on file.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date