

# Foster Family Home - Deficiency Report

Provider ID: 1-559180

Home Name: Janet Sion, NA

Review ID: 1-559180-11

4222 Likini Street

Reviewer: Po Lim

Honolulu

HI 96818

Begin Date: 5/20/2022

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

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

Comment:

Unannounced inspection made for a 2-bed recertification. Corrective action report issued during inspection with corrective action plan due to CTA on 6/20/2022. (30 days from the date the CCFFH is given their deficiency report).

## 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/privacy training present for any caregiver or adult household members.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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)(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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.a.3 C ■ is missing experience documentation.

41.b.4 No disclosure form present for C ■.

41.b.7 No proof of continuity of positive/negative TB skin test for C ■. Lapse, was expired ■. Completed ■.

41.b.8 Bloodborne pathogen training lapsed for C ■, was due on/before ■ - was done on ■.

41.f.1 HHM ■ and ■ both have expired TB clearance on ■.

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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. C ■ did not conduct a fire drill for the past 12 months period.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4) Federal regulations require clients to have open access to food and beverages. There is no wheelchair access to the kitchen with 4 steps.

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. No signature from C ■, ■ in the Emergency Preparedness Plan policy.

Foster Family Home

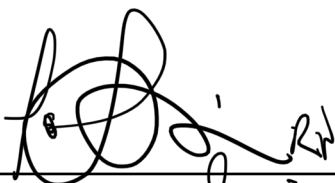

Fiscal Requirements

[11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.b Monthly budget was incomplete for this month.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

5/20/22  
\_\_\_\_\_  
Date  
5/20/22  
\_\_\_\_\_  
Date