

Foster Family Home - Deficiency Report

Provider ID: 5-110046

Home Name: Shallee Erorita, CNA

Review ID: 5-110046-12

4011 Lawehana Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 5/13/2022

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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of corrections due to CTA on 6/13/2022.

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), (2)- C ■■■, C ■■■, C ■■■ HH ■■■ and HH ■■■ were without the 2 consecutive APS/CAN/Fingerprinting present in the CCFFH binder. HHM#4's APS/CAN/Fingerprinting lapsed on ■■■■ and no current results present. HH ■■■s APS/CAN/Fingerprinting lapsed on ■■■■ and no current results present. HH ■■■s without any results of APS/CAN/Fingerprinting present in the CCFFH binder.

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 policies and procedures and client privacy rights training present for HH ■■■.

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

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

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.

Comment:

41.(a)(2)- C ■■■s CNA license expired on ■■■■

41.(b)(5)- C ■■■ ID expired on ■■■■

41.(b)(7)- C ■■■ TB clearance lapsed on ■■■■ and was done on ■■■■. HH ■■■s lapsed on ■■■■ and was done on ■■■■

41.(b)(8)- C ■■■s CPR/First Aid certifications lapsed on ■■■■ and no current renewal present. C ■■■ First Aid Certification lapsed on ■■■■ and no current renewal present.

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Client Care and Services

[11-800-43]

43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

Comment:

43.(b)- CCFFH (certified for 2-bed) was without a second bedroom available for client's use. All bedrooms were being occupied by the CCFFH's household members.

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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.

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

Comment:

46.(a),(b)(2)- CCFFH's last completed monthly fire drill was on 5/23/21. C [redacted] and C [redacted] were without evidence of having conducted a monthly fire drill for the past 12 months.

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Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

50.(e)(2) Inspection of service sites;

Comment:

50.(e), (1), (2)- No front doorbell present for CTA/Agency to have a quick access to the CCFFH. CCFFH's binder/chart was difficult to survey as it was unorganized and in disarray.

Maikel Nakamine, RW 5/13/22

Compliance Manager

Date

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5/13/22

Primary Care Giver

Date