

# Foster Family Home - Deficiency Report

Provider ID: 1-150042

Home Name: Leilanie Tanaka, NA

Review ID: 1-150042-10

91-1058 Apuu Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 6/1/2022

## 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 7/1/2022. (30 days from the date the CCFH is given their deficiency report).

## 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 and 8.a.2. HHM ■ turned 18 years old, DOB: ■; no Fingerprint, APS, and CAN available or presented.

8.a.2. C ■ APC/CAN expired ■ and C ■ and HHM ■ APC/CAN expired ■ No current APC/CAN for both.

## 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. HHM ■ turned 18 years old, DOB ■; no signed confidentiality policy available or presented.

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

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.b.7. And 41.f.1 C ■ and ■ have expired TB screening/test on ■. No current or updated TB test /screening for both.

41.b.8. C ■ and ■ have lapsed on Blood Borne Pathogen CE. Both C ■ ■ expired on ■ and new BBP CE was awarded on 1/8/2022.

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Foster Family Home

Records

[11-800-54]

54.(c) The content of each client notebook shall be consistent with standards established by the department and shall contain:

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.c Client [REDACTED] MAR was not documented on [REDACTED] thru end on month, [REDACTED] thru [REDACTED], [REDACTED] thru [REDACTED].

54.c.6. Client [REDACTED] Daily Flow sheet documentation was stop on [REDACTED] and no further documentation.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date