Foster Family Home - Deficiency Report

Provider ID: 4-160022

Home Name: Violeta Ulep, CNA Review ID: 4-160022-4

557 Kaulana Street Reviewer: Terri Van Houten

Kahului HI 96732 Begin Date: 6/2/2022

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 7/2/2022.

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.		

Comment:

41.(b)(5)(C) - Alternate transportation plan needs to be updated to reflect the CGs who are currently approved to drive clients for non-medical transportation.

41.(b)(8) - C and C did not have evidence of current education on file.

41.(b)(8) - C did not have evidence of a current training certificate on file.

41.(c) - C did not have evidence of 12 hours of inservice training on file.

Foster Family F	lome Insurance Requirements	[11-800-51]
51.(a)(1)	General;	
51.(a)(2)	Automobile; and	
Comment:		

51.(a)(1) - CCFFH general liability insurance does not include C and CG

51.(a)(2) - Automobile insurance for current transportation plan is expired. CCFFH did not have evidence of current automobile insurance for CGs who are providing non-medical transportation.

Compliance Manager

Primary Care Giver

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