

# Foster Family Home - Deficiency Report

Provider ID: 4-000016

Home Name: Clariza E. Rabanes, CNA

Review ID: 4-000016-10

185 Ani Street

Reviewer: Terri Van Houten

Kahului

HI 96732

Begin Date: 6/17/2022

## 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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 7/17/2022.

## 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) CCFFH did not have evidence of TB clearance or TB exclusion for CG #3, #4, #5, #6 and #7 and for HHM #2, #3, #4.

41.(b)(8) - Lapse in CPR/First Aid for CG [REDACTED] CPR/First aid was due for renewal on or before [REDACTED] and was not completed until [REDACTED].

## Foster Family Home Client Account [11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a) - The CCFFH did not have evidence that a written account of client's personal funds received and expended on the client's behalf was being maintained for Client #3

## Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - CCFFH did not have evidence that C [REDACTED] and [REDACTED] have been added to the liability insurance.

## Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9) - Bathroom #2 that is being used to provide client showers did not have evidence of a door that can be locked from the inside for privacy.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

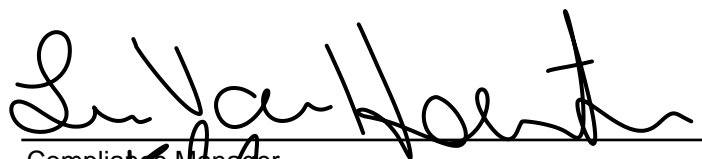

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

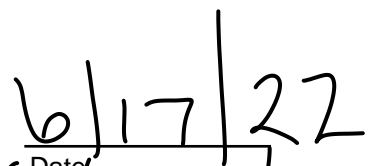
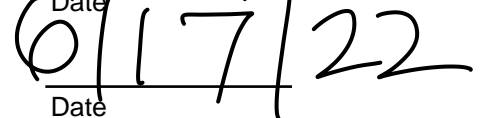
54.(c)(8) Personal inventory.

Comment:

54.(c)(2) - CCFFH did not have evidence of a current service plan on file for Client [REDACTED]. Date of last service plan was [REDACTED]

54.(c)(8) - CCFFH did not have evidence that a personal inventory log has been completed or maintained for Client #1, #2, or #3

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

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date