

Foster Family Home - Deficiency Report

Provider ID: 1-190093

Home Name: Arturo Borres Jr., CNA

Review ID: 1-190093-7

104 Uluwale Place

Reviewer: Maribel Nakamine

Wahiawa

HI

96786

Begin Date: 8/3/2022

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 correction due to CTA on 9/3/22.

PCG requests to increase from a 2-bed to a 3-bed CCFFH.

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)- CG#4 with APS,CAN/Fingerprint results of more than 6 months as CG#1 has requested to increase to a 3-client CCFFH.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegations present for CG#2 in Client #2's chart.

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)- CG#3 without evidence of having conducted a monthly fire drill for the past 12 months.

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)- CG#2 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Maribel Nakamine, RN 8/3/22
Compliance Manager
[Signature] 8/3/22
Primary Care Giver
Date