

Foster Family Home - Deficiency Report

Provider ID: 1-130051

Home Name: Elizabeth Soriano, NA

Review ID: 1-130051-12

91-812 Aaha Place

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 8/8/2022

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1. Unannounced inspection made for a 2-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 9/8/2022. (30 days from the date the CCFFH is given their deficiency report).

Foster Family Home	Background Checks	[11-800-8]
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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. CG#1, CG#2 (HHM#1), HHM# 2, HHM#3 have APS and CAN expired on 9/24/2021. CG#3 (HHM#5) have APS and CAN expired on 8/21/2021. HHM#4 APS and CAN expired on 8/28/2020. CG#2 (HHM#1) have ECRIM expired on 6/9/2020. CG#4 have no ECRIM on file. CG#6 have expired APS and CAN on 7/24/2021.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

- 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.

- 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.

- 41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

- 41.b.4 CG#4 is missing disclosure form.
- 41.b.5 CG#4 is missing driver license or ID.
- 41.b.7. CG#1, #2, #3, #5 have expired TB testing. CG#4 is missing TB test.
- 41.b.8 CG#1, #2 have expired CPR and First Aid. CG#4 is missing CPR and First Aid.
CG#1, #2, #3 have lapse in BBP, expired 1/10/2021 and renewed on 1/8/2022. CG#4 have expired BBP on 12/7/2020. CG#6 is expired BBP on 1/4/2020.
- 41.c CG#1 is missing 12 hours of in-services/ CE training. CG #2, #3, #5, #6 are missing 8 hours of CE/ in-service training.
- 41.E. CG#6 is not approved as a ■ G. Application was not submitted nor is present.

Foster Family Home	Fire Safety	[11-800-46]
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- 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. And 46.b.2. CG#3, #4, and #6 have not conducted fire drills for the past 12 months. Last drill was conducted on 1/2/2022.

Foster Family Home	Physical Environment	[11-800-49]
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- 49.(a)(6) A means of unobstructed travel from the client's bedroom to the outside of the dwelling at street or ground level.

Comment:

49.a.6 Clutters in the pathway and in the house.

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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. All CGs have not been trained in the Emergency Preparedness Plan and missing signature form for the training conducted.

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Records

[11-800-54]


54.(a)(3) A list of applicable community resources.


54.(c)(5) Medication schedule checklist;

Comment:

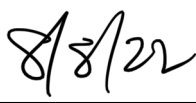
54.a.3 Resource list is missing and unable to confirmed website access to resource list.


54.c.5 August MARs for both patients are missing nor present.



Compliance Manager


Primary Care Giver



Date


Date