

Foster Family Home - Deficiency Report

Provider ID: 1-170063

Home Name: Giliane Dupra, NA

Review ID: 1-170063-8

91-869 Halalii Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 8/9/2022

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 inspection made for a 2-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 9/9/2022. (30 days from the date the CCFFH 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. CG#2, #4, and HHM#1 does not meet the two set APS, CAN, Fingerprints within 12 months requirements.

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

41.(a)(2) Be a NA, an LPN, or RN;

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.(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.a.2. CG#2 is missing her professional license/certificate.

41.b.5. CG#2 is missing ID / driver's license.

41.b.7. CG#1, #2, #3, #4 and HHM#1, #2, #3, all have expired TB testing and screening.

41.b.8 CG#4 CPR and First Aid is expired on 3/2022.

Blood Borne Infection Control CG#2 is missing certificates. CG#4 have expired BBP on 1/16/2022.

41.c CG #1 is missing 12 hours CE/ in-services training. CG #2, #3, #4 is missing 8 hours of CE/ in-services training.

41.e. CG#2 is missing CTA [REDACTED] Approval form.

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Fire Safety

[11-800-46]

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#4 did not conduct a fire drill in the past 12 months. Last fire drill was conducted on 3/10/2022.

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:

CG#2, #4 is missing Emergency Preparedness Plan training and signatures.

Compliance Manager

Primary Care Giver

Date

Date