

Foster Family Home - Deficiency Report

Provider ID: 1-180073

Home Name: Medy Madrid Simmons, NA

Review ID: 1-180073-9

86-365 Kawaii Street

Reviewer: Po Lim

Waianae

HI

96792

Begin Date: 7/15/2022

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:

Unannounced inspection made for a 2-bed recertification. Corrective action report issued during inspection with corrective action plan due to CTA on 8/15/2022. (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#2 have expired APS, CAN, Fingerprint on 3/29/2022. No current present.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.b.5 CG#3 does not have confidentiality training and no signature.

Foster Family Home	Personnel and Staffing	[11-800-41]
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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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.b.7 CG#2 TB expired on 3/22/2022 and CG#3 is missing TB test or screening for 2021-2022.

41.f.1 HHM#2 and #3, minors, both are missing TB test/ screening.

41.b.8. CG#1 and #5 are lapsed on their BloodBorne Pathogen Training for 2021. 2022 training present. CG#2 have expired BBP on 1/11/2022. CG#3 is missing BBP. No current present.

Compliance Manager

Primary Care Giver

Date

Date