Foster Family Home - Deficiency Report

Provider ID: 1-140064

Home Name: Grace Tirador, RN Review ID: 1-140064-11

94-1217 Huakai Street Reviewer: Maribel Nakamine

Waipahu HI 96797 Begin Date: 7/26/2022

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 annual inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 8/26/22.

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

8.(a) (1), (2)- CG#3's APS/CAN lapsed on 7/15/22 and Ecrim lapsed on 7/10/22. No current APS/CAN/Ecrim present.

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:

Comment:

43.(c) (3)- No RN delegations for CG#3, CG#5, and CG#7 in Client #1's chart. CG#3 without the RN delegations in Client #2's chart.

Foster Family Ho	ome Fire Safety	[11-800-46]
46.(a)	The home shall conduct, document, and maintain a record, in of the day, evening, and night. Fire drills shall be conducted a include the testing of smoke detectors.	
46.(b)(2)	All caregivers have been trained to implement appropriate em	ergency procedures in the event of a fire.

Comment:

46.(a), (b) (2)- No monthly fire drill completed from July 2021-August 2021; October 2021 thru June 2022. CG#1, CG#3, CG#5, and CG#7 were without evidence of having conducted a monthly fire drill for the past 12 months.

Y Callanine, R

Compliance Manager

Primary Care Giver

Date

Date

7/26/2022 6:09:36 PM

Page 1 of 1