

Foster Family Home - Deficiency Report

Provider ID: 1-210084

Home Name: Brendalyn G. Diaros, NA

Review ID: 1-210084-3

94-418 Hoaeae Street

Reviewer: Po Lim

Waipahu

HI

96797

Begin Date: 9/19/2022

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 10/19/2022. (30 days from the date the CCFFH is given their deficiency report).

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.g. CG#3 did not completed the Basic Skills Checklist in Client #2 chart with the CMA RN.

Foster Family Home	Client Care and Services	[11-800-43]
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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. RN Delegation is not completed for CG#3 in Client #2 chart.

Compliance Manager

Primary Care Giver

Date

Date