

# Foster Family Home - Deficiency Report

Provider ID: 1-577679

Home Name: Juvelyn Edades, CNA

Review ID: 1-577679-15

1596 Perry Street

Reviewer: Jackie Chamberlain

Honolulu

HI 96819

Begin Date: 9/22/2022

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH visit with plan of correction required, due to CTA within 30 days of inspection.

## 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;

Comment:

8.(a)(1) HHM 2 and 3 have not completed any background checks

## Foster Family Home Information Confidentiality [11-800-16]

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) No proof of training for HHM 2 and 3

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) CG 1 has TB screening only without documentation of qualifications to have screening only  
A previous TB screening (2020) has white out over the date of MD signature  
HHM 2,3 and 4 (a minor) has no proof of TB test

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff No sign in and out documentation to confirm hours substitutes worked

# Foster Family Home - Deficiency Report

Foster Family Home

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.

Comment:

46.(a) No documentation of fire drills could be located

Foster Family Home

Records

[11-800-54]

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


54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

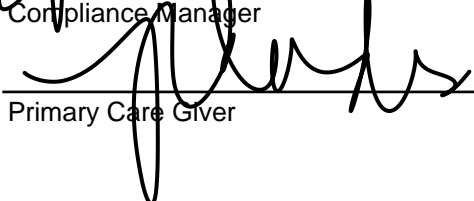
Comment:

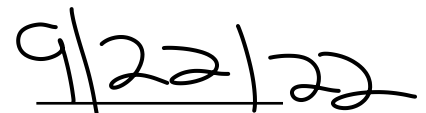
54.(c)(5) Client 1 2 and 3 no documentation of medications given since 9/14/22

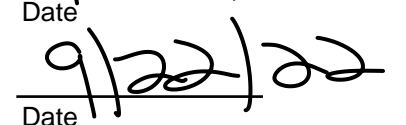
54.(c)(5) Client # 2 has a hold parameter on a BP medication. There is no documentation of the BP prior to PM dose

54.(c)(6) Client 1 2 and 3 no documentation of personal care or skilled nursing given since 9/14/22

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date