

Foster Family Home - Deficiency Report

Provider ID: 1-563545

Home Name: Rochelle R. Domingo, CNA

Review ID: 1-563545-14

94-390 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 3-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	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 (HHM#1) and CG#3 (HHM#2) have expired ECRIM on 11/1/2021. CG#1 have expired APS/CAN on 11/20/2021. CG #4 have expired APS/CAN on 7/30/2020.

HHM # and #4 both do not meet the APS/CAN/Fingerprints two set in 12 months period requirements.

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Foster Family Home

Personnel and Staffing

[11-800-41]

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

- 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.a.3 CG#1 is missing home experience worksheet.
- 41.b.5. CG#3 have expired HI driver license and listed to drive clients.
- 41.b.7 CG#1 TB test/screening expired on 9/20/2021. CG#3 TB test/screening expired on 10/9/2020. CG#4 TB test/screening expired on 3/14/2019.
- 41.b.8 CG# 3 have expired CPR, AED, First AID on 10/1/2020. CG #4 have expired CPR, AED, First AID on 6/15/2022 and have expired BBP on 7/5/2020.
- 41.c. CG #1, #2, #3 have done 2 hours/credits of CE/in-services training, and are missing 10 hours/credits more. CG#4 is missing 12 hours of CE/In- Services Training. None present.
- 41.f.1 HHM #5 is missing TB test. HHM#2 TB expired on 10/9/2020
- 41.g. Client #1 is missing signatures for basic skills check.

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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:

- 43.c.3. Clients #1, #2. RN delegation and skills checklist is missing signatures from visiting CMA RN.

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3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(5) Fire shall be documented in a log with the date and time of each drill, the time it took to complete the evacuation, and names of participants

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

3P.b.1, 3P.b.5, 3P.b.6. Last Fire drill conducted by CCFFH was on 9/15/2017.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.a.4. Client does not have wheelchairs accessibility in the hall way to the side/back exit.

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Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.b.9. No locking door knob for the clients' bathroom.

Foster Family Home

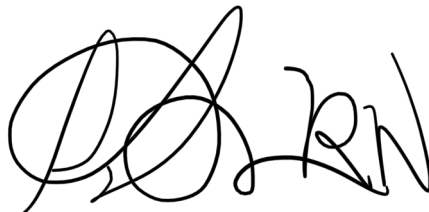
Records

[11-800-54]

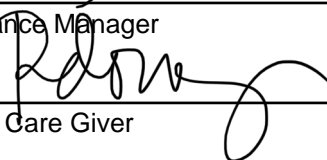
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

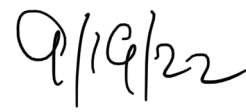
52.c.2. Client #1 is missing service plan, only have S/P face sheet.



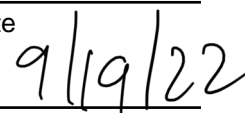
Compliance Manager



Primary Care Giver



Date



Date