

Foster Family Home - Deficiency Report

Provider ID: 1-220015

Home Name: Allan Malvar, NA

Review ID: 1-220015-3

91-1580 Wahane Street

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 11/22/2022

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

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

Comment:

6.d.1. Unannounced inspection made for a 2-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 12/22/2022. (30 days from the date the CCFFH is given their deficiency report).

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. CG#2 ECRIM expired on 10/22/022, no new present.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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

Comment:

41.b.4. CG#1 and #3 are missing their disclosure form.

41.f.1 HHM #3 is missing TB test, none present.

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.a. And 46.b.2 Fire drill was last conducted on 1/15/2022, no new present.

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Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.a All CGs is missing EPP training and acknowledgement signatures. Form is incomplete.

Foster Family Home

Records

[11-800-54]

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

54.(c)(8) Personal inventory.

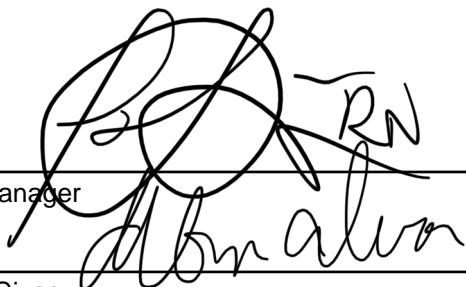
Comment:

54.c.5. Client #2 MAR, second page, last entry dated on 11/15/2022 for medication.

54.c.8. Clients personal property is not completed.

Compliance Manager

Primary Care Giver

 RN
Abn alva

11/22/22

Date

11/22/22

Date