

Foster Family Home - Deficiency Report

Provider ID: 1-510455

Home Name: Erma Tagaca, CNA

Review ID: 1-510455-14

1825 Ashford Street

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 10/28/2022

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 3-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 11/28/2022. (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;

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 HHM #2, #3, #4 did not meet the 2 sets of APS, CAN, and Fingerprints within the 12 months period. HHM#1 APS/CAN lapsed, old expired 9/3/2021 and renewed on 10/26/2022.

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 HHM #2, #3, and #4 missing confidentiality training and signature of policy.

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 HHM #2, #3, and #4 are missing TB testing and/or TB screening.

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Foster Family Home

Records

[11-800-54]

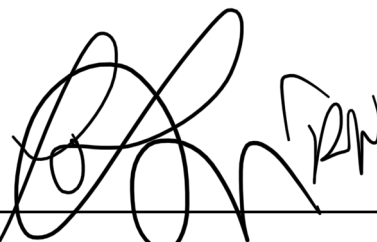
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

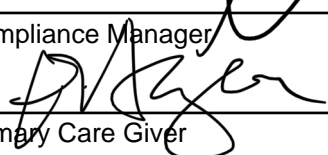
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to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

Comment:

54.c.2 Client #1 is missing signature for Service plan on 9/5/2022.

54.c.6. Clients #1 missing documentation for daily care flowsheet and monitoring flowsheet, last entry is 10/5/2022. Client #2 is missing October 2022 daily care flowsheet.

Compliance Manager 

Primary Care Giver 

Date 10/28/22

Date 10/28/22