

Foster Family Home - Deficiency Report

Provider ID: 4-190027

Home Name: Genalin Gonzales, CNA

Review ID: 4-190027-8

444 One Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 11/14/2022

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 12/14/22.

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) - CCFFH did not have evidence that CG#1 and CG#5 had a recent eCrim report done within the last 2 years. HHM #2 and #3 did not have evidence of fingerprints completed since they moved into the CCFFH (May 2022).

8.(a)(2) - CCFFH did not have evidence that HHM#2 and #3 had an APS/CAN report completed since they moved into the CCFFH (May 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) - CCFFH did not have evidence that HHM#2 and #3 had received confidentiality training.

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

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

41.(b)(5)(C)(ii) - CCFFH did not have evidence that HHM#2 and #3 had a recent TB screening/clearance or exclusion (if applicable).

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

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

Comment:

(3P)(b)(1) Fire - CCFFH did not have evidence that monthly fire drills were being conducted. Last documented fire drill was from June 2022.

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Client Account

[11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a) - CCFFH did not have evidence that an accounting of client #3's personal funds received and expended are being tracked on the client's behalf.

Foster Family Home


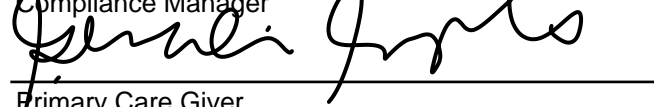
Records

[11-800-54]

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

Comment:

54.(c)(5) - CCFFH did not have evidence that the MAR is being documented daily for client #1 and #2.


Compliance Manager

Primary Care Giver

11/14/22
Date
11/14/22
Date