

Foster Family Home - Deficiency Report

Provider ID: 1-210023

Home Name: Georgette Damo, NA

1312 Naulu Place

Honolulu

HI

96818

Review ID: 1-210023-5

Reviewer: Maribel Nakamine

Begin Date: 12/15/2022

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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 1/15/2023.

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), (2)- CG#2's APS/CAN/Fingerprinting results lapsed on 5/7/22 and no current results present. CG#3's APS/CAN lapsed on 3/11/22 and was done on 5/10/22.

Foster Family Home	Information Confidentiality	[11-800-16]
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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)- CG#5 without training on CCFFH's confidentiality policies and procedures and client privacy rights.

Foster Family Home	Client Care and Services	[11-800-43]
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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)- No RN delegation present for CG#6 in Client #2's chart.

Foster Family Home	Fire Safety	[11-800-46]
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46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#6 without evidence of having conducted a monthly fire drill for the past 12 months.

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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)- CG#5 and CG#6 without evidence of having had the CCFFH's Emergency Preparedness Plan training.

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Records

[11-800-54]

54.(a)(3) A list of applicable community resources.

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

Comment:

54.(a)(3)- No list of community resources present.

54.(c)(2)- Client #2's Service Plan lapsed on 11/3/22 and no current document present in Client #2's chart. Client #1's Service Plan stated for client to have a call system- not functioning when checked during CCFFH inspection. Client #2 without any call system- Service Plan stated for client to have a call bell at bedside- there was none present.

Shantel Nakarone, RN 12/15/22
Compliance Manager Date
Anita Samiatan 12/15/22
Primary Care Giver Date