

Foster Family Home - Deficiency Report

Provider ID: 1-190095

Home Name: Guillerma Haber, CNA

Review ID: 1-190095-7

84-549 Nukea Street

Reviewer: Po Lim

Waianae HI 96792

Begin Date: 10/10/2022

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 11/10/2022. (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. CG #1, #2 and HHM #1, #2 did not meet the 2 sets of APS, CAN, and Fingerprints within a 12 month periods.

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 All CG and HHM did not receive confidentiality training and did not sign the form.

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Personnel and Staffing

[11-800-41]

- 41.(a)(2) Be a NA, an LPN, or RN;
- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and
- 41.(b)(2) Have no physical or mental disabilities that would prevent their being able to meet the daily needs of clients on a twenty-four basis;
- 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.(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)(5)(C)(i) Have a valid driver's license;

Comment:

41.a.2 CG#2 is approved for NA 2 clients and not approved for 3 clients.

41.a.3 CG#2 and #3 missing home experience form.

41.b.2 (3P) CCFFH has not been using any 3 person CCFFH Sign Out sheets to track the hours the PCG is out of the facility. Unable to verify if CCFFH is using NA's and CNAs per rules.

41.b.4 CG#2 and #3 missing disclosure form.

41.b.5 CG#1, #2, #3 have expired driver license on file.

41.b.5.c. CG#2 have expired driver license on file. Substitute driver form is not completed.

41.b.7 CG#1 and #2 and HHM #1 have TB test form not signed by a MD, NP, or PA. HHM #2 have expired TB test on 5/1/2020, no new present.

41.b.8. CG#2 have expired CPR, First Aid, AED on 3/31/2022. CG#3 is missing first aid.

3 Person Fire Safety,
Natural Disaster

3 Person Fire Safety

(3P) Fire

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

Comment:

3P.b.6. CG#2 and #3 did not conducted fire drill for the past 12 months.

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Medication and Nutrition

[11-800-47]

47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.

Comment:

47.b. Client#2 RN delegation are not signed.

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Physical Environment

[11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.a.1 Main Bathroom and Client#1 bathroom are missing non-slip surfaces/mat in the showers.

Foster Family Home

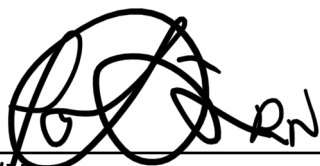
Records

[11-800-54]

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

Comment:

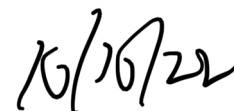
54.c.2 Client #1 and #2 service are not sign by the designated person(s) and the front sheet.



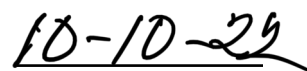
Compliance Manager



Primary Care Giver



Date



Date