

Foster Family Home - Deficiency Report

Provider ID: 1-180011

Home Name: Imee Gallardo, CNA

Review ID: 1-180011-10

94-443 Kahualena Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 12/12/2022

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 1/12/2023. (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 #1 and #3 did not meet the 2 sets of APS, CAN, Fingerprints within a 12 month period.

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.c CG#2, #3, #4 have only 11 hours of CE/ in-services training.

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.

Comment:

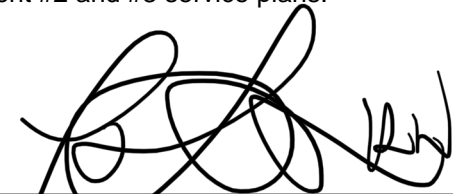
46.a. CG#3 did not conduct a fire drill within the past 12 months.

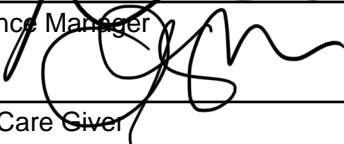
Foster Family Home Records [11-800-54]

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

Comment:

54.c.2 No signatures for Client #2 and #3 service plans.



Compliance Manager


Primary Care Giver

12/12/22

Date
12/12/22

Date