

Foster Family Home - Deficiency Report

Provider ID: 1-180002

Home Name: Kristel Charm Gabur, CNA

Review ID: 1-180002-11

94-245 Pupukoa Street

Reviewer: Maribel Nakamine

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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 1/12/2023.

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), (2)- HHM#1's APS/CAN lapsed on 12/10/21 and was done on 10/12/22. HHM#5 without an APS/CAN/Fingerprinting result present.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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.(b)(7)- CG#2's TB Clearance result lapsed on 8/18/22 and was done on 12/6/22; CG#3's lapsed on 9/13/22 and was done on 12/5/22 however was signed by an RN; CG#6's lapsed on 9/22/22 and was done on 11/30/22.

41.(b)(8)- CG#1's Basic first aid certification/training lapsed on 9/4/22 and no current certificate was present.

41.(c)- CG#2, CG#3, . CG#4, and CG#6 were all lacking 4 more hours of the annual in-services training for the year 2022.

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Foster Family Home

Records

[11-800-54]

- 54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(5) Medication schedule checklist;

Comment:

54.(b)- No caregiver's signature present after each dated entry in Client #1's chart. Observation notes from 11/21/22 - 11/25/22.

54.(c)(2)- Client #1 and Client #2's Service Plans dated 11/21/22 and 7/20/22 respectively were missing the POA's/Client's or Guardian's signatures.

54.(c)(5)- Medication discrepancies were noted for Client #1 and Client #2.

Client #1- there were a total of 8 scheduled medications that were not signed from 12/1/22- 12/12/22(am).

Client #2- one medication did not match the client's Medication Administration Record(MAR) with the medication's label and MD's order.

Maribel Makamire, PC 12/12/22

Compliance Manager

Date

[Signature]

Primary Care Giver

Date

12/12/22