

Foster Family Home - Deficiency Report

Provider ID: 1-100100

Home Name: Laarnie Ann Buccat, NA

Review ID: 1-100100-7

94-424 Waipahu 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)- CG#3's APS/CAN/Fingerprinting lapsed on 12/11/22 and no current 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.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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#3's TB Clearance lapsed on 6/24/22 and no current result present. CG#5 without any result of TB Clearance.

41.(b)(8)- CG#5's CPR lapsed on 7/2022 and no current certification present.

41.(c)- CG#1, CG#3, CG#5, and CG#6 without any hours of the annual in-service hours for the year 2022.

Foster Family Home 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#3, CG#5, and CG#6 were without evidence of having been trained with the CCFFH Emergency Preparedness Plan.

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Insurance Requirements

[11-800-51]

51.(a)(1) General;

51.(a)(2) Automobile; and

Comment:

51.(a)(1)- No General Liability insurance policy present.

51.(a)(2)- Automobile policy lapsed on 5/8/22 and no current policy present.

Foster Family Home

Records

[11-800-54]

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

Comment:

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

Maribel Nakamine, PC 12/12/22

Compliance Manager

Date

Gloriana Becerra JCG

Primary Care Giver

Date

12/12/22