Foster Family Home - Deficiency Report

Provider ID: 1-580234

Home Name: Leonora Antonio, CNA Review ID: 1-580234-12

94-1075 Puloku Street Reviewer: Po Lim

Waipahu HI 96797 Begin Date: 11/17/2022

| 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 12/17/2022. (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 | n accordance with section 846-2.7, HRS; | |
| 8.(a)(2) | Be subject to adult protective service perpetra | ator checks if the individual has direct contact with a | client; and |
| Comment: | | | |

8.a.1 and 8.a.2 CG#1, #2, #3, and HHM #1 have expired APS/CAN on 1/15/2022 and expired ECRIM on 1/13/2022, no new present for all.

| Foster Family | Home Personnel and Staffing | [11-800-41] |
|---------------|--|--|
| 41.(b)(8) | Have documentation of current training in blood be resuscitation, and basic first aid. | orne pathogen and infection control, cardiopulmonary |
| 41.(f)(1) | Tuberculosis clearances that meet department of | health guidelines; and |
| 41.(g) | and specific skill areas needed to perform tasks ne | sessed by the department for competency in basic caregiver skills ecessary to carrying out each client's service plan. The all caregivers shall be kept in the client's, case manager's, and e plan. |

Comment:

- 41.b.8. CG#2 have current cert card but no previous cert present for CPR, AED, First.
- 41.f.1 HHM #2 and #3 are missing TB test.
- 41.g. CG#1 is missing basic skill checklist for Client #2.
- 43.c.3. CG #2 and #3 is missing RN delegation for Client #2.

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| 3 Person Staffin | g 3 Person Staffing Requirements | (3P) Staff |
|------------------|---|---|
| (3P)(a)(3) Staff | A current Licensed Practical Nurse license plus one year o within the next 30 days, evidence of a new license must be year work experience as a caregiver in a community reside HRS, or; | provided, substitute caregivers have a minimum of one |
| (3P)(a)(4) Staff | A current Certified Nurses Aide or Nurse Aide certificate please certificate is expiring within the next 30 days, evidence of a have a minimum of one year work experience as a caregive facility, per 321-483(b)(4)(E) HRS. | new certificate must be provided. Substitute caregivers |
| (3P)(a)(5) Staff | Primary and substitute caregivers complete a minimum of or at least twenty-four hours of continuing education every | |
| (3P)(b)(2) Staff | Allowing the primary caregiver to be absent from the CCFF week, not exceed five hours per day; provided that the sub primary caregiver's absence. Where the primary caregiver substitute caregiver is mandated to be a Certified Nurse Ai | stitute caregiver is present in the CCFFH during the is absent from the CCFFH in excess of the hours, the |

Comment:

- 3P.a.3 CG #1 is missing home/work experience documentation.
- 3P.a.4. All CGs have expired license present, no new present.
- 3P.a.5. All CGs are missing 12 credit hours of CE/in-service training.
- 3P.b.2. Sign in and out sheets are copies of copies and blanks copies are present. Uncertain of last entry made. Originals are not present.

| 3 Person Fire Safety, | | 3 Person Fire Safety | (3P) Fire |
|-----------------------|--|-------------------------------------|-----------|
| Natural Disaste | ST Control of the Con | | |
| (3P)(b)(1) Fire | shall be co | conducted monthly | |
| (3P)(b)(6) Fire | shall inclu | ude all SCGs at least once per year | |
| Comment: | | | |

3P.b.1. And 3P.b.6 last fire drill conducted was on 10/29/2022. Missing 1/2022 thru 9/2022.

| Foster Family | Home Records | [11-800-54] | |
|---------------|---|---|--|
| 54.(b)(1) | Permit effective professional review by the | case management agency, and the department; and | |
| 54.(c)(8) | Personal inventory. | | |
| Comment: | | · | |

- 54.b.1 Disorganization of documentations.
- 54.c.8 Client #1 is missing personal inventory form.

Compliance Manager

Primary Core Civer

Date 11 11 22

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