

# Foster Family Home - Deficiency Report

Provider ID: 1-170006

Home Name: Maria Keliioholokai, CNA

Review ID: 1-170006-15

86-214 Moelua 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# 3 and HHM #1 did not meet the 2 sets of APS, CAN, Fingerprints within 12 months period.

CG#4 Ecrim expired on 7/13/2022, no new present.

## 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 CG#3 and HHM#1 did not receive confidentiality training and did not sign the form.

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

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).

Comment:

41.b.4. CG#1 have outdated disclosure form and CG#2 is missing disclosure form.

41.b.7. CG#2 have lapsed TB testing, old test expired on 3/30/2022, renewed on 10/5/2022.

41.c (3P) CG#2 and #3 is missing 8 hours credits out of 12 needed for CE/ in-services training.

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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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.a and 46.b.2. Missing September 2022 Fire drill. CG# 4 did not conduct a fire drill in the past 12 months.

Foster Family Home

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. RN Delegation for all █ G is missing in Client #1 chart.

Foster Family Home

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;

49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

49.a.1 Missing non-slip floor mats for the showers/tub.

49.a.5 Both fire extinguishers are empty, no full one present.

3 Person Physical Environment


3 Person Physical Environment


(3P) Env.

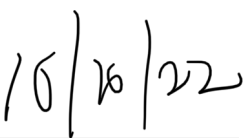
(3P)(a)(1) Env. The two clients must consent to share the room

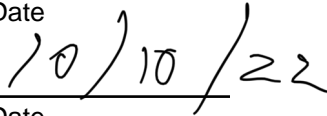
Comment:

3P.a.1. No signed consent to share room between Clients.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date