

Foster Family Home - Deficiency Report

Provider ID: 1-576952

Home Name: Marites Edades, CNA

Review ID: 1-576952-15

91-1008 Makahaiku Street

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 3/16/2023

| Foster Family Home | Required Certificate | [11-800-6] |
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 3/16/2023 with Plan of Correction due to CTA within 30 days of inspection date of 3/16/2023.

CCFFH is applying for bed increase from 2 beds to 3 beds.

| Foster Family Home | Personnel and Staffing | [11-800-41] |
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41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(b)(5)(B) The transportation plan may include but is not limited to the use of a handivan, taxi, or a substitute driver;

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41(a)(3) No job experience form present for CG#2 and CG#3.

41.b.5.B No alternate transportation plan present in record.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#2. It was due on/before 02/07/2023.

| 3 Person Staffing | 3 Person Staffing Requirements | (3P) Staff |
|-------------------|--------------------------------|------------|
|-------------------|--------------------------------|------------|

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) No evidence that a 3-bed sign out sheet was in use at the CCFFH.

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3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

(3P)(b)(4) Fire shall include testing of smoke detectors

Comment:

(3P)(b)(1)(2)(4)The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors.

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 current service plan present for Client# 2. Last one in record is dated 2/5/2023. Last one signed by POA is 2/10/2022.

Compliance Manager

Primary Care Giver

Date

Date