

# Foster Family Home - Deficiency Report

Provider ID: 1-631540

Home Name: Mila Vea, NA

Review ID: 1-631540-12

94-1176 Kahuahale Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 11/14/2022

## 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 2-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 12/14/2022. (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 (HHM##) has expired APC/CAN on 10/21/2022, no new present. CG#4 did not meet the 2 sets of APS/CAN/ Fingerprints within a 12 months period.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.f.1 HHM#4 has expired TB on 3/18/2022, no new present.

41.g. CG# is missing training of basic skills from Clients #1 and #2.

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.c.3 CG#3 is missing training for the RN Delegations of Clients #1 and #2. Training in Inhalant medication, Metered inhaler, oral medication, topical medication, oral medication, eye medication.

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Foster Family Home

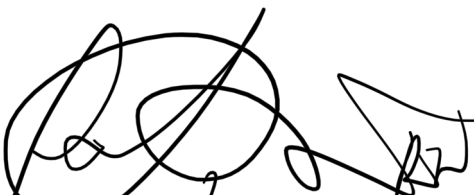

Records

[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. Client #1 4/17/2022 service plan was not signed by client/POA.  
Client #2 is missing first page of current 9/2022 service plan, can not verify signatures. Service plan for 3/2022 are missing signature from the CMA RN, providers, and the GCG1

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

11/14/22  
\_\_\_\_\_  
Date  
11/14/22  
\_\_\_\_\_  
Date