Foster Family Home - Deficiency Report

Provider ID: 1-220050

Home Name: Monalice Sildora, CNA **Review ID:** 1-220050-3

91-1052 Kanio Street Reviewer: Po Lim

Begin Date: Kapolei HI 96707 3/20/2023

[11-800-6] **Foster Family Home Required Certificate**

6.(d)(1)Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 3/20/2023 with Plan of Correction due to CTA within 30 days of inspection date of 3/20/2023.

Foster Family Home Background Checks [11-800-8]

8.(e) The results of a background check made pursuant to section (a) above shall be exempt from consideration by the

department if an exemption has been granted by the department. Requests for exemptions must be:

Comment:

8(e) HHM# 1 did not applied for an exemption which revealed HHM# 1 had positive findings resulting in a red light determination. Exemption should have been initiated within 30 days of receiving the results. No exemption present in record for HHM# 1.

Foster Family Home Personnel and Staffing [11-800-41] The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills 41.(g) 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.g. No basic skills check present in record for CG# 2, #3, #4, and #5. RN did not have signatures.

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

Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may 43.(c)(3)

delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client # 2 for CG# 2, #3, and #5.

Compliance Manager