

Foster Family Home - Deficiency Report

Provider ID: 1-130003

Home Name: Myrna Tumbaga, CNA

Review ID: 1-130003-14

4506 Ukali Street

Reviewer: Po Lim

Honolulu

HI

96818

Begin Date: 12/15/2022

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 inspection made for a 2-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 1/15/2023. (30 days from the date the CCFFH is given their deficiency report).

Foster Family Home	Background Checks	[11-800-8]
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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#3) did not meet the requirement of 2 sets of APS, CAN, Fingerprints within the 12 months period.

CG#2, #3, #4 and HHM #1, #2, #3 all have lapsed on their APS/CAN and ECRIM. APS/CAN expired on 1/28/2022, renewed on 11/18/2022. ECRIM was expired on 1/9/2022 and renewed on 11/18/2022.

APS/CAN receipt was filed in binder instead of the result pages for all three SCGs.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

Comment:

41.b.7. CG#2 (HHM#2) TB screening is signed by a RN in 10/2022.

41.b.8. CG#3 lapsed on their CPR, AED, First AID. Old card expired 10/31/2022, renewed on 12/9/2022

Foster Family Home	Quality Assurance	[11-800-50]
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50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.a. CG#2 and #3 did not receive training for Emergency Preparedness Plan (EPP).

Foster Family Home - Deficiency Report

Foster Family Home

Records


[11-800-54]

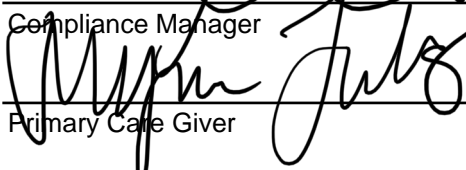
54.(c)(8)

Personal inventory.

Comment:

54.c.8. Client #1 personal inventory was not completed upon admission.



Compliance Manager


Primary Care Giver

12/15/22

Date
12/15/22

Date