

Foster Family Home - Deficiency Report

Provider ID: 1-210085

Home Name: Pauline Claire Ann Sumagit,
CNA

Review ID: 1-210085-4

1423 Noelani Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 11/10/2022

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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 12/10/22.

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

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:

8.(e)(1) Submitted by the applicant for licensure or certification, case management agency, or home;

8.(e)(2) In writing, on forms provided by the department; and

Comment:

8.(a)(1), (2)- CG#1's APS/CAN/Fingerprint result lapsed on 10/27/22 and HHM#1's APS/CAN/Fingerprint result lapsed on 10/28/22. Both were without the current results present.

8.(e), (e)(1), (e)(2)- No exemption determination result for HHM#1's APS/CAN/Fingerprint result on 10/28/21. Result was a red light.

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)- No confidentiality policies and procedures and client privacy rights training present for CG#4.

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Personnel and Staffing

[11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(7)- CG#1's TB clearance dated 5/25/22 was signed by an RN.

41.(b)(8)- CG#3 without the CPR/First Aid certification present. CG#4 without a CPR certification.

41.(c)- No annual in-service hours for CG#4.

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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), (b)(2)- No monthly fire drill completed for the months of March 2022, June 2022, July 2022, and August 2022. CG#2 without evidence of having conducted a monthly fire drill.

Foster Family Home

Quality Assurance

[11-800-50]

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)- No Emergency Preparedness Plan training present for CG#2, CG#3, and CG#4.

Manibek Naleanine, RN 11/10/22

Compliance Manager Date
Brigitte 11/10/22

Primary Care Giver Date