

Foster Family Home - Deficiency Report

Provider ID: 1-120001

Home Name: Starlyn Cabading, CNA

Review ID: 1-120001-14

91-1061 Kauiki Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 10/28/2022

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

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

Comment:

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

Deficiency Report issued during CCFFH visit with plan of correction due to CTA within 30 days of inspection.

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

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) No proof of clearance for HHM 2 and 3, both under 18

41.(b)(8) No evidence of current CPR or First aid

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) Client 1 and 2 no delegations for CG 2,3 or 4. This is a repeat citation

Foster Family Home 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.

Comment:

46.(a) No documentation of fire drill since 4/2022

Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) outdoor living spaces are cluttered in an unsafe manner

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Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

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;

54.(c)(7) Expenditure records; and

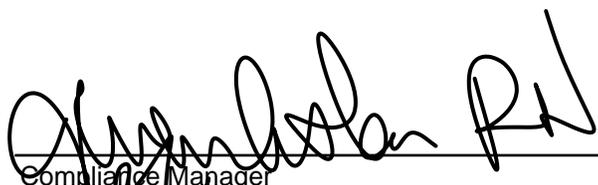
54.(c)(8) Personal inventory.

Comment:

54.(c)(2) Service plan for client 1 and 2 have discrepancies between the written service plan, MD orders and actual CCFFH practice

54.(c)(7) No expenditure records for client 2

54.(c)(8) No personal inventory for client 2



Compliance Manager



Primary Care Giver

10/28/22

Date

10/28/22

Date