

Foster Family Home - Deficiency Report

Provider ID: 1-180030

Home Name: Zeilanie Tugas, CNA

Review ID: 1-180030-10

94-313 Paiwa Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 11/10/2022

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 3-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 12/10/2022. (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)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.2. CG#3, HHM#1, HHM#2 APS/CAN expired on 9/16/2022, and no new. HHM#3 APS/CAN Lapsed, Expired 4/7/22 and renewed on 5/10/2022.

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.

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.b.7. CG#2 and #3 Lapsed on TB test/screening. CG#2 old expired 2/1/22, renewed on 9/9/2022. CG#3 (HHM#1) old expired on 9/30/2022 and renewed on 11/3/2022.

41.b.8. CG# 3 is missing First AID.

CG#2 BBP expired on 1/16/2021 and no new present, and CG#3 have expired BBP on 1/14/2022 and no new present.

41.G. CG#2 is missing from the basic skill training and checklist.

Foster Family Home	Client Care and Services	[11-800-43]
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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#2 missing training for RN Delegation and skills for Rectal Medication and Oral Medication.

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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 Service Plan is not signed for 10/15/2021 and its outdated. No new Service Plans present, missing 4/15/2022 and 10/15/2022.

Compliance Manager

Primary Care Giver

Date

Date

11/10/2022 12:12:00 PM