## Foster Family Home - Deficiency Report

Provider ID: 1-220029

Home Name: Chelita Ballesteros, NA Review ID: 1-220029-3

94-294 Kahuawai Street Reviewer: Po Lim

Waipahu HI 96797 Begin Date: 1/11/2023

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 inspection made for a 2-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 2/11/2023. (30 days from the date the CCFFH is given their deficiency report).

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

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. CG#4 did not received caregivers training and skills of Client #1 and #2.

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. CG#4 did not received training for Medication, Oxygen, Tube feeding and eye drops of RN Delegation of Client #1 and #2

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.b.2. CG#2 did no conduct a fire drill fro the past 12 months.

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. CG#2 did not received Emergency Preparedness Plan training and no signature for the policy.

Compliance Manager

Primary Care Giver

Date