

Foster Family Home - Deficiency Report

Provider ID: 1-100068

Home Name: Gloria Corpuz, RN

Review ID: 1-100068-15

91-1088 Makaaloa Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 3/29/2023

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 visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 3/29/2023 with Plan of Correction due to CTA within 30 days of inspection date of 3/29/2023.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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.4. No current disclosure form present for CG#1.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for HHM# 5.

41.(b)(8) CCFFH did not have evidence of current First Aid training for CG#2. It was due on/before 3/18/2023. CG#2 First Aid expires 3/18/2023.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

(3P)(b)(4) Fire shall include testing of smoke detectors

(3P)(b)(5) Fire shall be documented in a log with the date and time of each drill, the time it took to complete the evacuation, and names of participants

Comment:

(3P)(b)(1)(2)(4)(5) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year. Missing fire drills from 8/2022 through 2/2023.

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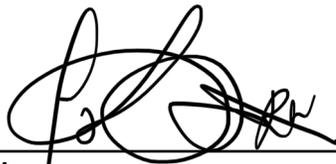
Records

[11-800-54]

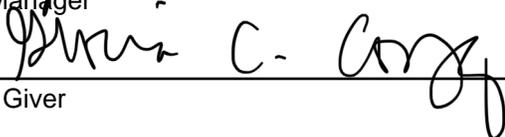
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54(c)(2) No signatures from the client/POA for current service plan present for Client# 1, #2, and #3.



Compliance Manager



Primary Care Giver



Date



Date