

Foster Family Home - Deficiency Report

Provider ID: 1-110059

Home Name: Imelda Del Rosario, CNA

Review ID: 1-110059-15

3402 A Maluhia Street

Reviewer: Po Lim

Honolulu

HI 96816

Begin Date: 4/25/2023

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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 4/25/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

Comment:

8.a.1.and 8.a.2. CG#6 and #7 (HHM #2 and #3) did not meet the 2 sets of APS, CAN, Fingerprints requirements within a 12 months period.

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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)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
- 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.
- 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.4 No disclosure form present for CG#6 and #7.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid/Bloodborne Pathogen/Infection control training for CG# 7. Missing from file.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG# 7. CG# 7 requires 8 hours of in-service training, but had only zero hours attended in 2022-2023.

41.g. No basic skills check present in Client #2 record for CG# 3 and #7.

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)
No RN delegation present for Client # 1 for CG# 3, 5, 6, 7.
No RN delegation present for Client # 2 for CG# 3 and #7.

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) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. SCG # 3, 4, 6, and 7 have not been trained with the EPP.

Compliance Manager

Primary Care Giver

Date

Date