

# Foster Family Home - Deficiency Report

Provider ID: 1-140006

Home Name: Jan Gladhar Rosario, CNA

Review ID: 1-140006-17

94-1064 A Lumi Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 3/3/2023

## 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 3/3/2023 with Plan of Correction due to CTA within 30 days of inspection date of 3/3/2023.

## 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 HHM#2 and HHM#3 did not meet the 2 sets requirement of APS/ CAN/Fingerprints within 12 months.

8(a)(2) APS/CAN checks were overdue for CG#2.

APS/CAN was due on or before 9/1/2022 and is not present in the CCFFH file.

8(c) State Name Check (eCrim) was overdue for CG#2. State Name Check (eCrim) was due on or before 10/2/2022 and is not present in the CCFFH file.

State Name Check (eCrim) was lapsed for CG#4 (HHM#1). State Name Check (eCrim) was due on or before 10/5/2022 and it was completed on 3/1/2023.

## 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) CCFFH did not have evidence of current TB clearance or exclusion for CG#2 and CG#3. CG#2 TB clearance was due on/before 12/8/2022 and no new in the file. CG#3 TB clearance was not sign by a providers.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#1 and CG#4. It was due on/before 1/15/2023.

Compliance Manager

Date

Primary Care Giver

Date