# Foster Family Home - Deficiency Report

Home Name:	Name: Judy H. Canlas, CNA			Review ID:	1-200077-5	
94-534 Hakea P	Place				Reviewer:	Po Lim
Waipahu		HI	96797		Begin Date:	2/2/2023

### Foster Family Home Required Certificate

1-200077

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Provider ID:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 2/2/2023 with Plan of Correction due to CTA within 30 days of inspection date of 2/2/2023.

Foster Family H	lome Background Checks	[11-800-8]	
8.(a)(2)	Be subject to adult protective service perpetrator checks if the	e individual has direct contact with a client; and	
8.(c)	The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.		
Comment:			

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8(a)(2) APS/CAN checks were lapsed for CG #3..

APS/CAN was due on or before 11/19/2022 and was completed on 11/25/2022.

8(c) State Name Check (eCrim) was overdue for CG #3. State Name Check (eCrim) was due on or before 2/18/2022 and is not present in the CCFFH file.

Foster Famil	y Home Personnel and Staffir	ng [11-800-41]
41.(b)(4)	Cooperate with the department to co accordance with section 11-800-7.(b	mplete a psychosocial assessment of the caregiving family system in )(2).
41.(b)(8)	Have documentation of current traini resuscitation, and basic first aid.	ng in blood borne pathogen and infection control, cardiopulmonary
41.(c)	training annually which shall be appr	velve hours, and the substitute caregiver shall attend eight hours, of in-service oved by the department as pertinent to the management and care of clients. documentation of training received by all caregivers, in the caregiver file in the
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Comment:

41.b.4 No disclosure form present for CG #2.

41.(b)(8) CCFFH did not have evidence of current CPR/AED/First Aid training for CG #2. None present.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG #2. CG#2 requires 8 hours of in-service training, but had zero hours attended in 2022. No annual in-service training hours for CG#2 for 2022 present in record. CG#2 was required to have 8 hours in 2022.

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#### **Foster Family Home Client Care and Services**

[11-800-43]

Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may 43.(c)(3) 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#2 and CG#3.

Foster Family	Home	Fire Safety	[11-800-46]
46.(a)	The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.		
46.(b)(2)	All care	givers have been trained to	implement appropriate emergency procedures in the event of a fire.
Comment:			

46.(a) - Last fire drill present in record was documented only on 8/15/2022. No fire drill documentation for January 2022 through July 2022 and then September 2022 through January 2023.

46.(b)(2)- CG#2 and CG#3 did not have evidence of conducting a monthly fire drill within the past 12 months.

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To	$\sim$
Compliance Manager	2
Primary Care Giver	

 $\frac{2/2/202}{\frac{\text{Date}}{2/2/22}}$ 

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