Foster Family Home - Deficiency Report

Provider ID: 4-200027

Home Name: Liza Rose I. Balacang RN Review ID: 4-200027-8

446A Onehee Avenue Reviewer: Terri Van Houten

Kahului HI 96732 Begin Date: 3/10/2023

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 4/10/2023.

CCFFH requested increased to 3 beds. CG#3 was approved as a 1-2 bed CG and will need to meet criteria to work in a 3 bed CCFFH prior to the effective date on the new certificate or will need to be removed as a CG.

10(C)(3) - CCFFH did not have certificate posted in a public location within the CCFFH.

Foster Fami	ly Home Personnel and Staffing	[11-800-41]			
41.(b)(4)	Cooperate with the department to complete a paraccordance with section 11-800-7.(b)(2).	sychosocial assessment of the caregiving family system in			
41.(b)(7)	Have a current tuberculosis clearance that meets department guidelines; and				
41.(f)(1)	Tuberculosis clearances that meet department of health guidelines; and				
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) CCFFH did not have evidence of an updated disclosure related to the addition of a house hold member.
- 41.(b)(7) CG#3 did not have evidence of a current TB clearance. TB clearance on file expired 5/16/22.
- 41.(f)(1) HHM#1 did not have evidence of a current TB clearance. TB clearance on file expired 7/19/22.
- 41.(g) CCFFH did not have evidence that CG#3 has completed the basic skills checklist.

Foster Family	/ Home	Client Care and Services	[11-800-43]	
43.(c)(3)		ed on the caregiver following a service plan fee client care and services as provided in cha	5	I case manager may
Comment:				

43.(c)(3) - CCFFH did not have evidence that CG#3 had received RN delegations for client #1.

Compliance Manager

Primary Care Give

Date 10 122