

Foster Family Home - Deficiency Report

Provider ID: 1-585581

Home Name: Lucita Galano, CNA

Review ID: 1-585581-13

86-182 Moelua Street

Reviewer: Po Lim

Waianae

HI 96792

Begin Date: 1/4/2023

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 inspection made for a 3-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 2/04/2023. (30 days from the date the CCFFH is given their deficiency report).

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#3 did not meet the 2 sets of APS, CAN, Fingerprints requirements within a 12 months period.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.b.5. HHM#3 did not receive confidentiality training and no signature on form.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

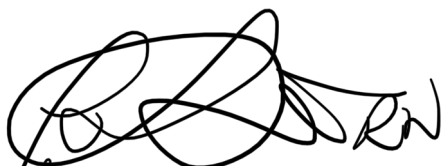
41.f.1 HHM #1 and HHM#3 have current TB test not signed by a provider (MD, NP, PA).


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

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

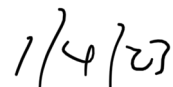
Comment:

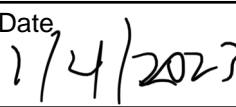
46. 3P.b.1 Missing fire drill for the month of June 2022.



Compliance Manager


Primary Care Giver



Date


Date