

# Foster Family Home - Deficiency Report

Provider ID: 1-140034

Home Name: Lucrecia D. Paraon, CNA

Review ID: 1-140034-13

91-1168 Kauiki Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 2/28/2023

## 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 3/1/2023 with Plan of Correction due to CTA within 30 days of inspection date of 3/1/2023.

## 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) Fingerprint was missing for HHM #3.

8(a)(2) APS/CAN checks were missing for HHM #3.

## 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) No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG #2, CG#3, HHM# 1, HHM#2, and HHM#3.

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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)(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.
- 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.

Comment:

41.b.4 CG#3 is missing disclosure form.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2, CG#3, and HHM #1 and HHM #3.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid and Bloodborne Pathogen/Infection control training for CG#3. BBP was due on/before 1/11/2022 and no new was present. CG#3 CPR/1st aid is missing.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG# 2 and CG#3. CG# 2 requires 8 hours of in-service training, but had only 2 hours attended in 2022-2023. No annual in-service training hours for CG# 3 for 2022-2023 present in record. CG# 3 was required to have 8 hours in 2022-2023.

## Foster Family Home

## Physical Environment

[11-800-49]

49.(e) The home shall have policies regarding smoking on the property that:

Comment:

49.(e)(2) The CCFFH did not have a smoking policy that designated areas that may be used for the purpose of smoking.

## 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. CG#3 did not receive the Emergency Preparedness Plan training.

## Foster Family Home

## Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.a.1. CG#3 is not listed on the liability insurance policy.

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Foster Family Home

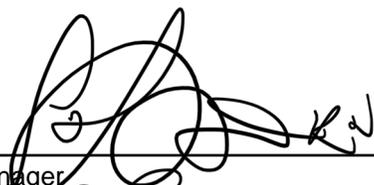
Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

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Comment:

53.(b)(15) Visiting hours policy/posting is missing.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

3/1/2023  
\_\_\_\_\_  
Date  
3/1/23  
\_\_\_\_\_  
Date