

Foster Family Home - Deficiency Report

Provider ID: 1-210052

Home Name: Roesy Yabut, CNA

Review ID: 1-210052-6

2516 Rose Street

Reviewer: Po Lim

Honolulu

HI

96819

Begin Date: 5/4/2023

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 visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 5/4/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

CCFFH is applying for increase from 2 beds to 3 beds.

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. CG#3 did not meet the 2 sets of APS, CAN, Fingerprints requirements within a 12 months period. APS, CAN, and Fingerprint was overdue for HHM 1, #2, and #3. APS, CAN, and Fingerprint was due on or before 4/1/2023 and is not present in the CCFFH file.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

Comment:

41(a)(3) No job experience form present for CG #2 and #3.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) No evidence that a 3-bed sign out sheet was in use at the CCFFH.

Compliance Manager

Primary Care Giver

Date

Date