

Foster Family Home - Deficiency Report

Provider ID: 1-140054

Home Name: Shella Gem P. Navalta, CNA

Review ID: 1-140054-13

94-441 Kuahui Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 5/1/2023

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 5/1/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the 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:

8(a)(2). APS/CAN checks were overdue for HHM#1.
APS/CAN was due on or before 7/9/22.

8(c) State Name Check (eCrim) checks were overdue for CG#1 and #2.
APS/CAN was due on or before 8/22/2022 for CG#1 and 2/15/2023 for CG#2.

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Foster Family Home

Personnel and Staffing

[11-800-41]

- 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)(7) CCFFH did not have evidence of current TB clearance for CG#1 and CG#2. TB clearance was due on/before and was done on 1/3/2023 for CG#1 and 10/8/2022 for CG#2.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#2. It was due on/before 5/29/2022. Bloodborne Pathogen/Infection control For CG#2 was due on or before 1/28/2022. Bloodborne Pathogen/Infection control For CG#1 was missing.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1 and CG#2. CG# 1 and CG#2 requires 12 hours of in-service training, but CG#1 had only zero hours attended and CG#2 had 1 hour attended, in 2022-2023.

3 Person Fire Safety,
Natural Disaster

3 Person Fire Safety

(3P) Fire

- (3P)(b)(1) Fire shall be conducted monthly
- (3P)(b)(2) Fire shall be held at different times of the day, evening, and night
- (3P)(b)(4) Fire shall include testing of smoke detectors
- (3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year. Missing fire drills from 7-2022 through 4-2023.

Foster Family Home

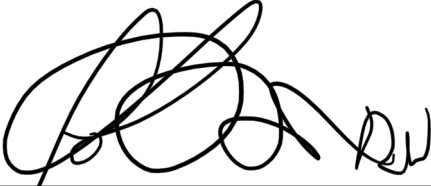
Records

[11-800-54]


- 54.(c)(5) Medication schedule checklist;

Comment:

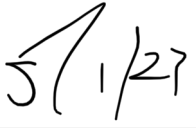
54(c)(5) No MAR present for April 2023 for Client#1 and Client #2.



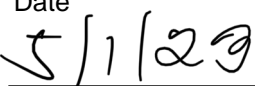
Compliance Manager



Primary Care Giver



Date



Date