

Foster Family Home - Deficiency Report

Provider ID: 1-120006

Home Name: Lucila McCormack, CNA

Review ID: 1-120006-15

1042 Wong Lane

Reviewer: Po Lim

Honolulu

HI 96817

Begin Date: 6/6/2023

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 6/6/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) CCFFH did not have evidence of current First Aid training for CG# 3.

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

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) The CCFFH did not have evidence that fire drills had been conducted by CG at least once per year. CG#2 did not conduct a fire drill in the past 12 months.

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 nor acknowledge to have receive EPP training.

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Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(8) Personal inventory.

Comment:

54(c)(2) No current service plan present for Client# 1. Last one in record is dated 10/2022. Client #1 and #2 service plans are not signed by the POA/Client.

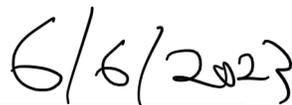
54(c)(8) Client# 1 did not have evidence that a personal inventory log has been initiated and/or maintained.



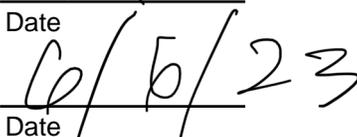
Compliance Manager



Primary Care Giver



Date



Date