

Foster Family Home - Deficiency Report

Provider ID: 5-110046

Home Name: Shallee Erorita, CNA

Review ID: 5-110046-14

4011 Lawehana Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 5/10/2023

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 5/10/23).

Foster Family Home	Background Checks	[11-800-8]
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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), (2)- CG#1 without the 2nd set of APS/CAN/Fingerprint result; CG#2, CG#3, HHM#1, and HHM#3 were without the 1st and 2nd set of APS/CAN/Fingerprint results.

CG#3's Ecrim lapsed on 6/23/22 and was done on 8/6/22. CG#1, CG#2, HHM#1, and HHM#3's Ecrim results lapsed on 6/23/22 and was done on 6/24/22.

Foster Family Home	Information Confidentiality	[11-800-16]
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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#7 without evidence of having been trained with the CCFFH's confidentiality policies and procedures and client privacy rights.

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

Comment:

41.(b)(7)- CG#2's TB clearance result lapsed on 7/2/22 and no current result was present.

41.(b)(8)- CG#1's basic first aid training lapsed on 7/2022 and CG#3's lapsed on 3/28/23. Both were without the current certifications present.

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Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- There was a video monitoring device in Client #1's bedroom. There was no consent form present for use of video surveillance equipment. Use of video is a violation of client privacy without proper consent.

Foster Family Home

Records

[11-800-54]

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

Comment:

54.(c)(5)- there were two medications that were not written/transcribed in Client #1's Medication Administration Record (MAR).

Maibee Nakamine, RIV 5/10/23
Compliance Manager Date
rhodonta 5/10/23
Primary Care Giver Date