

Foster Family Home - Deficiency Report

Provider ID: 1-220054

Home Name: Carlito Camacho, CNA

Review ID: 1-220054-2

1552 Kalaepaa Drive

Reviewer: Po Lim

Honolulu HI 96819

Begin Date: 5/25/2023

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 5/25/2023 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)(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)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.b.4 No disclosure form present for CG# 3, #4, #5.

41.(b)(8) 41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#3, #4, and #5.

CG# 5 is missing a current CPR, AED, First Aid training.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client # 1, for CG# 6.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence that all CGs are included on the liability insurance policy. CG# 3, #4, #5 are not included on the policy.

Compliance Manager

Primary Care Giver

Date

Date