Foster Family Home - Deficiency Report

Provider ID: 1-220060

Home Name: Ernesto Braga, NA Review ID: 1-220060-4

1723 Perry Street Reviewer: Po Lim
Honolulu HI 96819 Begin Date: 5/30/2023

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

Foster Family Home Information Confidentiality [11-800-16]

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) No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG #2, #3, #4, #5, #6, and HHM# 1.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance for CG #5.

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. All CGs did not received training and did not sign the acknowledgment form.

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Foster Family H	ome 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 Client/POA signatures for service plan present for Client# 1.

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

Compliance Manage

Primary Care Giver

5/30/2

)ate