

Foster Family Home - Deficiency Report

Provider ID: 1-560921

Home Name: Jeannie Abero, CNA

Review ID: 1-560921-14

91-1020 Hanakahi Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 5/18/2023

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 5/18/2023 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)(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.and 8.a.2. HHM #4 and HHM #5 did not meet the 2 sets of APS, CAN, Fingerprints requirements within a 12 months period.

Foster Family Home Fire Safety [11-800-46]


46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

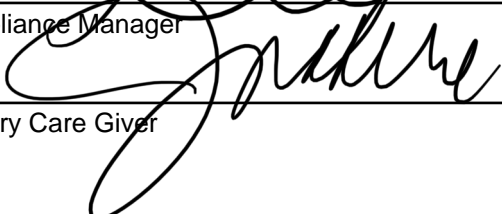
46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:


46.(a) - Last fire drill present in record was documented on 5/20/2022. No fire drill documentation present for 6/2022 through 4/2023.

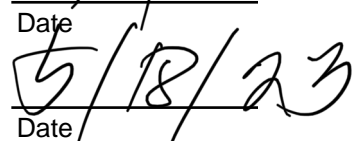
46.(b)(2)- CG# 2 did not have evidence of conducting a monthly fire drill within the past 12 months.



Compliance Manager


Primary Care Giver



Date


Date

OTA RN Compliance Manager Po Lim, RN

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Jeannie Abero

CCFFH Address: 91-1020 Hanakahi St. Ewa Beach HI 96706
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8. (a)(1)	Made appointments to have fingerprinting done for 2 household members	5/18/2023	Home will have calendar to put all due dates. Background checks will be done 2 weeks before due date.
8. (a)(2)	Submitted AFS/CAN for 2 household members	5/18/2023	Home will have calendar to put all due dates for all requirements.
46.(a)	Fire drills have been conducted monthly in the home. Form has been placed into home binder for review by The Department	5/19/2023	The home shall continue to conduct, document, and maintain a record for review by The Department. A reminder sign has been posted in home office area to serve as a reminder to conduct, and document each and every fire drill.
46.(b)(2)	Fire drill was done	5/19/2023	All caregivers have been trained to implement appropriate emergency procedures in the event of a fire, and to document, maintain, and record in home binder.

All items that were corrected are attached to this POC

PCG's Signature: *Jeannie Abero*

Date: 5/19/2023

CTA has reviewed all corrected items