

Foster Family Home - Deficiency Report

Provider ID: 1-120013

Home Name: Elena A. Vioria, CNA

Review ID: 1-120013-16

91-1359 Wahane Street

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 7/7/2023

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 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 7/7/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(a)(2) APS/CAN checks were overdue/lapsed for CG# 1.
APS/CAN was due on or before 9/2/2022 and was completed on 1/5/2023.

APS/CAN checks were overdue/lapsed for CG# 4 / HHM#1.
APS/CAN was due on or before 12/20/2022 and was completed on 2/16/2023.

APS/CAN checks were overdue/lapsed for HHM#2.
APS/CAN was due on or before 8/18/2022 and was completed on 8/29/2022.

8(c) State Name Check (eCrim) was overdue/lapsed for HHM# 2. State Name Check (eCrim) was due on or before 8/9/2022 and was completed on 11/30/2022.

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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)(5)(C)(i) Have a valid driver's license;
- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.b.4 No disclosure form present for CG# 2.

41.b.5.c.i. CG#3 have expired driver license/ID.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2 (expired 12/20/22) and CG#3 (expired 11/5/2022). HHM#3 and HHM #4 are missing TB test. CG#3 not qualified to use screening form due to not having proof of past positive TB on file.

41.(e) CG#2 is missing [redacted] CG approval form.

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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 and #4 did not receive the policy training.

Compliance Manager

Primary Care Giver

Date

Date