

Foster Family Home - Deficiency Report

Provider ID: 1-200041

Home Name: Roselyne O. Almazan, CNA

Review ID: 1-200041-7

1567 Waialele Street

Reviewer: Po Lim

Honolulu

HI

96819

Begin Date: 7/6/2023

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 3 bed re-certification inspection.

HAR 11-800-23 CG#4/ HHM#2 is associated with client #2 CMA and client #3 CMA and the CCFFH.

Deficiency Report issued during CCFFH inspection via email on 7/6/2023 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.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

41(a)(3) No job experience form present for CG#3 and #4.

41.(b)(8) CCFFH did not have evidence of current First Aid training for CG#2.

41.(h) CG#2, CG #3 and CG #4 is not approved to work in a 3 beds CCFFH.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
-------------------------------------------	----------------------	-----------

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(6) The CCFFH did not have evidence that fire drills had been conducted monthly and each CG at least once per year.

CG#3 and #4 did not conduct a fire drill in the past 12months.
June 2023 fire drill is missing.

Foster Family Home - Deficiency Report

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. CC#2 and CG#5 did not receive the training.

Foster Family Home


Insurance Requirements

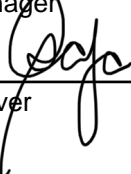
[11-800-51]

51.(a)(1) General;

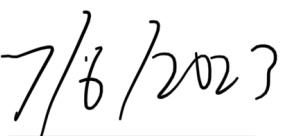
Comment:

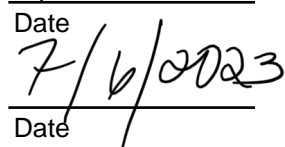
51.(a)(1) - The CCFFH did not have evidence that all CGs are included on the liability insurance policy. CG# 2 is not included on the policy.



Compliance Manager


Primary Care Giver



Date


Date