

# Foster Family Home - Deficiency Report

Provider ID: 1-170051

Home Name: Angelita Takahashi, CNA

Review ID: 1-170051-11

94-706 Kalae Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 8/7/2023

<b>Foster Family Home</b>	<b>Required Certificate</b>	<b>[11-800-6]</b>
---------------------------	-----------------------------	-------------------

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 8/7/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

<b>Foster Family Home</b>	<b>Information Confidentiality</b>	<b>[11-800-16]</b>
---------------------------	------------------------------------	--------------------

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#6.

# Foster Family Home - Deficiency Report

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

- 41.(b)(5)(C)(i) Have a valid driver's license;

---

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

---

- 41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

---

- 41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

- 41.b.5.c.i. CG#6 does not have driver license/ ID present on file.
  
- 41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG# 2. It was due on/before 7/5/2023. No renewal on file.
  
- 41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG# 6. CG# 6 requires 12 hours of in-service training, but had only 9 hours attended in 2022.
  
- 41.g. CG#4 and CG#6 is missing basic skills training for client #1.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
-------------------	--------------------------------	------------

- (3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

---

- (3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

- 3P (a)(4) No job experience form present for CG# 6.
  
- (3P)(b)(2) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours CG# 2, CG#4, and CG#6(NA) worked in a day or week.

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 - Deficiency Report

Foster Family Home

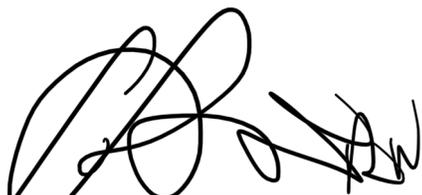
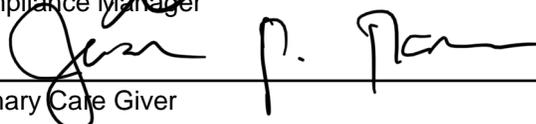
Quality Assurance

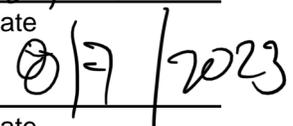
[11-800-50]

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. CG#6 does not have the EPP training.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date