

Foster Family Home - Deficiency Report

Provider ID: 1-190002

Home Name: David Drig, NA

Review ID: 1-190002-12

1601 Ala Napunani Street

Reviewer: Po Lim

Honolulu

HI 96818

Begin Date: 8/17/2023

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.

Client#1 is missing from 1147.

Deficiency Report issued during CCFFH inspection via email on 8/17/2023 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;

Comment:

8.a.1. Second Fingerprint check is overdue for HHM#2 was due on/before 12/1/2021.

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#3 and CG#4.

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

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

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

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG# 1, #2, and #3, and HHM# 1, #3.

41.(b)(8) CCFFH did not have evidence of current First Aid training for CG#1 and CG#2. It was due on/before February 2023.

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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# 2, #3, and #4.

Foster Family Home

Fire Safety

[11-800-46]

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

Comment:

46.(b)(2)- CG# 4 did not have evidence of conducting a monthly fire drill within the past 12 months.

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#3 and CG#4 did not complete the EPP policy training.

Foster Family Home

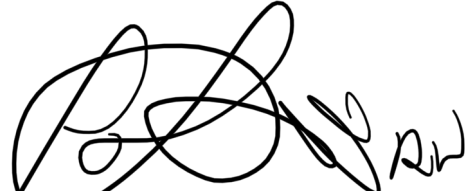
Records


[11-800-54]

54.(c)(8) Personal inventory.

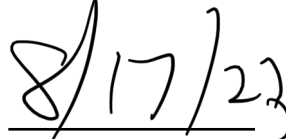
Comment:

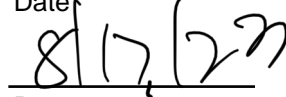
54(c)(8) Client# 1 did not have evidence that a personal inventory log has been initiated and/or maintained.



Compliance Manager


Primary Care Giver



Date


Date