## Foster Family Home - Deficiency Report

Provider ID: 1-210088

Home Name: Fitz Gerald Ibatuan, CNA Review ID: 1-210088-5

94-736 Kaaka Street Reviewer: Po Lim

Waipahu HI 96797 Begin Date: 8/14/2023

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.

Client #2 is missing form 1147.

Deficiency Report issued during CCFFH inspection via email on 8/14/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

CCFFH applying for increase from 2 beds to 3 beds.

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#2 (HHM# 1).

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Foster Family	Home Personnel and Staffing	[11-800-41]
41.(a)(2)	Be a NA, an LPN, or RN;	
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)(4)	Cooperate with the department to complete a ps accordance with section 11-800-7.(b)(2).	sychosocial assessment of the caregiving family system in
41.(b)(5)(C)(i)	Have a valid driver's license;	
41.(b)(7)	Have a current tuberculosis clearance that meet	s department guidelines; and
41.(b)(8)	Have documentation of current training in blood resuscitation, and basic first aid.	borne pathogen and infection control, cardiopulmonary
41.(c)	training annually which shall be approved by the	and the substitute caregiver shall attend eight hours, of in-service department as pertinent to the management and care of clients. Ition of training received by all caregivers, in the caregiver file in the

## Comment:

- 41(a)(2) CG #2 is not approved to work in a 3 clients CCFFH.
- 41(a)(3) No job experience form present for CG#2.
- 41(b)(4) No disclosure form present for CG#2.
- 41(b)(5)(C)(i). CG#2 does not have ID/driver license present on file.
- 41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1 and CG#2, and HHM# 1.
- 41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#2 It was due on/before 6/29/2023.
- 41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG# 2. CG# 2 requires 12 hours of in-service training, but had zero hours attended in 2022.

3 Person Staffi	ng 3 Person Staffing Requirements	(3P) Staff
(3P)(b)(2) Staff	Allowing the primary caregiver to be absent from the CO week, not exceed five hours per day; provided that the primary caregiver's absence. Where the primary caregis substitute caregiver is mandated to be a Certified Nurse	substitute caregiver is present in the CCFFH during the iver is absent from the CCFFH in excess of the hours, the
Comment:		

(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 (NA) worked in a day or week.

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	Foster Family Ho	ome	Client Care and Services	[11-800-4	3]	
			on the caregiver following a service p client care and services as provided in		nt's needs. The RN case manager may	
	Comment:					-

43.(c)(3) No RN delegation present for Client #1 for CG#2. Missing Case Mananger (RN) signatures.

3 Person Fire Sa Natural Disaster	• •	3 Person Fire Safety	(3P) Fire	(3P) Fire	
Natural Disaster					
(3P)(b)(1) Fire	shall be co	onducted monthly			
(3P)(b)(2) Fire	shall be he	eld at different times of the day, evening, and nigl	ht		
(3P)(b)(4) Fire	shall includ	de testing of smoke detectors			
(3P)(b)(6) Fire	shall includ	de all SCGs at least once per year			
Comment:					

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

CG#1 and CG#2 have not conducted fire drills since having first client.

Foster Family	Home	Quality Assurance	[11-800-50]	
50.(a)		e shall have documented internal e s that may affect the client, such as	ement policies and procedures for emerg	ency
Comment:			 	

50.(a) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. CG#2 has not been trained for EPP.

Compliance Manager

Primary Care Giver

Date 123

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