

# Foster Family Home - Deficiency Report

Provider ID: 1-511932

Home Name: Helen Mollman, CNA

Review ID: 1-511932-15

94-767 Kaaka Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 8/2/2023

## 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 recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 8/2/23).

## 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 confidentiality policies and procedures and client privacy rights training present for HHM#2.

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

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

Comment:


41.(b) (8)- CG#1 and CG#3's blood borne pathogen and infection control training lapsed on 8/1/23 and no current certifications were present.

## Foster Family Home Records [11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

Comment:

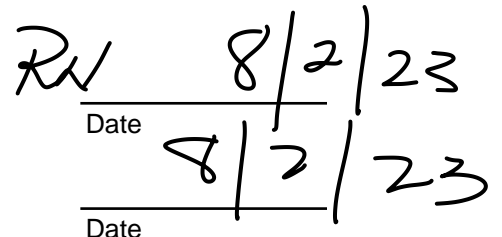
54.(b)- No signatures of caregivers after each dated entries from 1/5/23- 7/26/23 in Client #1's progress/observation notes.



Compliance Manager



Primary Care Giver

  
Date 8/2/23  
Date 8/2/23