

Foster Family Home - Deficiency Report

Provider ID: 1-110079

Home Name: Janet Bautista, NA

Review ID: 1-110079-16

91-853 Oama Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 8/8/2023

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.

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

Client#1 does not have form 1147.

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#4, HHM#3 and HHM#4.

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

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

Comment:

41.b.5.c.i. CG#4 does not have a driver license or ID present in the file.

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. Client #1 and #2 have two CGs that were not authorized to work in the CCFFH.

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# 2 did not have evidence of conducting a monthly fire drill within the past 12 months.

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Foster Family Home

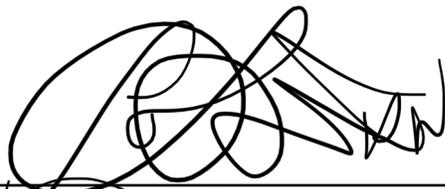
Quality Assurance

[11-800-50]

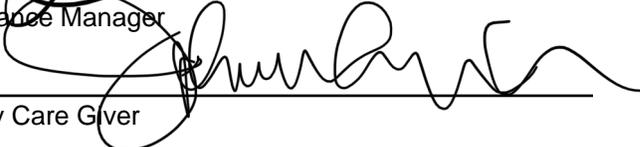
50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. CG #4 did not receive EPP training and sign the acknowledgement form.



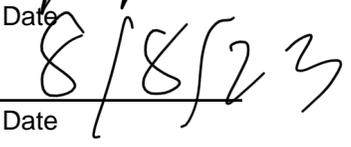
Compliance Manager



Primary Care Giver



Date



Date