

# Foster Family Home - Deficiency Report

Provider ID: 1-190087

Home Name: John Morick U. Tiu, CNA

Review ID: 1-190087-9

1052 Luehu Street

Reviewer: Po Lim

Pearl City HI 96782

Begin Date: 7/26/2023

Foster Family Home	Required Certificate	[11-800-6]
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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 7.26.2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.(a)(1) HHM #5, #6, #7 did not meet the two sets of APS, CAN, Fingerprints within a 12 months period.

8(a)(2) APS/CAN checks were overdue for CG#2 (HHM#3) and CG#3 (HHM#4).

8(c) State Name Check (eCrim) was overdue for CG#2 (HHM#3) and CG#3 (HHM#4).

# Foster Family Home - Deficiency Report

## 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.

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.

Comment:

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG# 1, #3, #4. It was due on/before 7/22/2023.

CG#2, #3, and #4 have lapsed on their CPR, AED, 1st Aid. It was due on or before 5/1/2023 and was renewed on 7/3/2023. CG# 2 1st aid expires 5/1/2023, and no renew on file due to taking only BLS class without 1st Aid.

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 8 hours of in-service training, but had only zero hours attended in 2022. List of classes taken in 2022 did not provide enough information, i.e. names or hours. There were no signatures to verify classes was taken by CG#2.

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

## Foster Family Home

## Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence that all CGs are included on the liability insurance policy. CG #4 and #5 is not included on the policy.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

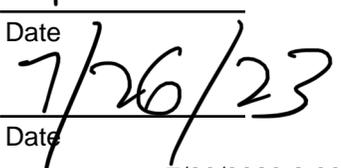
54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54(c)(2) No current signature of POA/Client of service plan present for Client #1.

54(c)(5) and 54(c)(6) MAR, ADL sheet, and vitals flowsheet was not documented daily for Client #1 and Client #2. Sheet not completed from 7/18/2023 to 7/25/23.

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