

# Foster Family Home - Deficiency Report

Provider ID: 1-190074

Home Name: Maricel L. Cristobal, CNA

Review ID: 1-190074-10

1736 Kino Street

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 8/10/2022

## 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.

Deficiency Report issued during CCFFH inspection via email on 8/10/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Client #1 is missing from 1147.

## Foster Family Home Background Checks [11-800-8]

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

Comment:

8.a.2. CG #6 is missing current APS/CAN.

## 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# 2 which expired on 5/2/2023 and no renew present in file.

CG# 6 TB clearance lapsed, was due on/before 5/18/2023 and was done on 7/12/2023.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG# 7. It was due on/before 9/20/2022.

## 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) No RN delegation present for Client # 1 for CG# 3.

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3 Person Fire Safety,  
Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) The CCFFH did not have evidence that fire drill was conducted by each CG at least once per year. CG #2, #3, #5, #6, and #7 did not conduct a fire drill in the past 12 months.

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 signatures for the service plan present for Client# 1.

54(c)(5) No MAR present for August 2023 for Client #1 and Client #2.

54.(c),54(c)(6) No ADL flow sheet present for Client #1 and Client #2 for August 2023.

Compliance Manager

Primary Care Giver

Date

Date