

Foster Family Home - Deficiency Report

Provider ID: 1-210092

Home Name: Rachele Ann C. Parado, NA

Review ID: 1-210092-6

91-1014 Fort Weaver Road

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 8/3/2023

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.

Deficiency Report issued during CCFFH inspection via email on 8/3/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

CCFFH is applying for increase from 2 beds to 3 beds.

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

Comment:

41.a.2. CG#2 and CG#3 is not authorized to work in a 3 clients CCFFH.

41(a)(3) No job experience form present for CG#2 and CG#3.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG# 2. It was due on/before 07/02/2023. No renewal on file.

Foster Family Home - Deficiency Report

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

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# 3 (NA) worked in a day or week.

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:

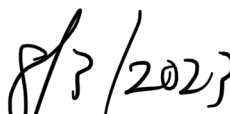
Comment:

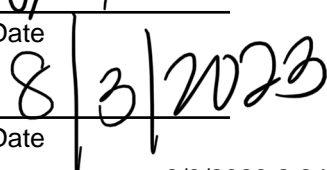
50.(a) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. CG#3 did not receive EPP training.



Compliance Manager


Primary Care Giver



Date


Date