

Foster Family Home - Deficiency Report

Provider ID: 1-200061

Home Name: Debbie Inay, CNA

Review ID: 1-200061-9

990 Paaaina Street

Reviewer: Po Lim

Pearl City HI 96782

Begin Date: 8/23/2023

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 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 8/23/2023 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

Comment:

8.a.1. And 8.a.2. CG#2 did not have 2 set of APS/CAN/Fingerprints with a 12 months period.

Foster Family Home	Personnel and Staffing	[11-800-41]
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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 and CG#2. It was due on/before 11/8/2022. No new certificate on files.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG# 1 and CG#2. CG#1 and #2 requires 12 hours of in-service training, but had only 8 hours attended in 2022.

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Foster Family Home

Records

[11-800-54]

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

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

No ADL flow sheet present for Client#2 for March, April, July, and August 2023.

No monitoring flow sheet present for Client#1 for May, June, and August 2023.

No monitoring flow sheet present for Client#2 for March through August 2023.

Compliance Manager

Primary Care Giver

Date

Date