

Foster Family Home - Deficiency Report

Provider ID: 1-620832

Home Name: Carmelita Makolo, CNA

Review ID: 1-620832-16

94-168 Kupuna Loop

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 10/24/2023

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.

Client#1 is missing from 1147.

Deficiency Report issued during CCFFH inspection via email on 10/24/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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) APS/CAN checks were lapsed for CG #1, #2, #3 (HHM# 1).

APS/CAN was due on or before 11/9/2022 and was completed on 10/22/2023. CG#1, CG#2, and CG#3 (HHM#1) APS/CAN is not present in the CCFFH files.

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.

Comment:

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#1 and CG#3. It was due on/before 4/30/2023.

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. CG#4 does not have RN delegations for Client #1 and Client #2.

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3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

- (3P)(b)(1) Fire shall be conducted monthly
- (3P)(b)(2) Fire shall be held at different times of the day, evening, and night
- (3P)(b)(4) Fire shall include testing of smoke detectors
- (3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

All CGs did not conduct a fire drill since 12/5/2021.

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 the training.

Foster Family Home

Records

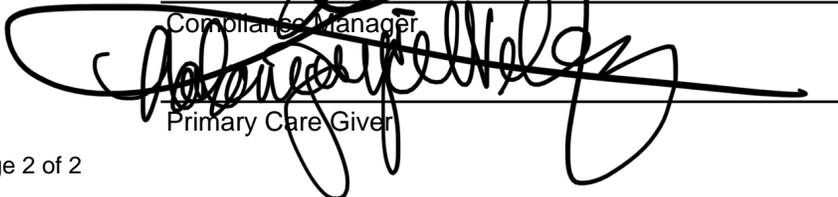
[11-800-54]

- 54.(c)(8) Personal inventory.

Comment:

54(c)(8) Client# 1 did not have evidence that a personal inventory log has been initiated and/or maintained.



Compliance Manager


Primary Care Giver

10/24/2023

Date
10/24/2023

Date