

Foster Family Home - Deficiency Report

Provider ID: 1-562555

Home Name: Josephine Bio, CNA

Review ID: 1-562555-17

91-1104 Hanakahi Street

Reviewer: Ryan Nakamua

Ewa Beach HI 96706

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/24/2023.

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

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): No evidence by CCFFH of current set of fingerprints for HHM#7, HHM#8, HHM#12, HHM#13, HHM#14, and HHM#15. No documentation presented by CCFFH.

8.(a)(2): No evidence by CCFFH of current APS/CAN for HHM#7, HHM#8, HHM#12, HHM#13, HHM#14, and HHM#15. No documentation presented by CCFFH.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No evidence by CCFFH that HHM#6, HHM#7, HHM#8, HHM#9, HHM#10, HHM#11, HHM#12, HHM#13, HHM#14, and HHM#15 received confidentiality training. No documentation presented by CCFFH exhibiting training was received.

Foster Family Home - Deficiency Report

Foster Family Home

Personnel and Staffing

[11-800-41]

- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).
- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 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.
- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(4): No evidence by CCFFH of CG#1's disclosure form completed. No documentation presented by CCFFH.

41.(b)(7): Evidence presented by CCFFH of lapse in TB clearance for CG#1, CG#2, and CG#3. Documents presented by CCFFH show CG#1 lapse of TB clearance from 4/07/23 and 08/08/2023. CG#2 documents show lapse from 6/23/2023 to 8/10/2023. CG#3 documents show lapse from 6/223/2023 to 08/08/2023.

41.(c): Evidence present by CCFFH show that CG#2, CG#3, and CG#4 did not meet minimum requirements for annual training. CG#2 and CG#3 presented with 7 hours of training in 2022 and CG#4 presented with 5 hours of training in 2022.

41.(f)(1): No evidence presented by CCFFH of current TB clearance for HHM#7 and minor. No documentation was provided.

Foster Family Home

Fire Safety

[11-800-46]

- 46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): No evidence provided by CCFFH of monthly fire drills were conducted in the past 12 months. No documentation presented by CCFFH of fire drills for the month of 7/2023, 8/2023, and 9/2023.

Foster Family Home

Records

[11-800-54]

- 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:

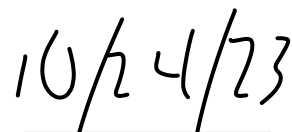
54.(c)(6): No evidence presented by CCFFH of daily care for client #1. No documentation presented by CCFFH of daily care log for 10/2023.



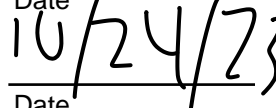
Compliance Manager



Primary Care Giver



Date



Date