

Foster Family Home - Deficiency Report

Provider ID: 4-160092

Home Name: Kathleen Pascua Domingo,
NA

Review ID: 4-160092-11

74 Puukani Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 9/5/2023

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of issuance.

6.(d)(1) - The CCFFH did not have evidence that a form 1147 had been completed on admission and/or annually for client #1 and client #2.

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) - HHM#2 did not have evidence of a fingerprint/state printout background check on file.

8.(a)(2) - HHM#2 did not have evidence of APS/Can on file.

Foster Family Home	Reporting Changes	[11-800-12]
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12.(4) In the household composition or structure of the home; and

Comment:

12.(4) - CCFFH was noted to have an internal doorway connecting to another portion of the structure. This area was being used to house HHM#2, #3 and #4.

Foster Family Home	Information Confidentiality	[11-800-16]
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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) - CCFFH did not have evidence that HHM#2 and CG#8 had received confidentiality training.

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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.(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
- 41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.
- Comment:

41.(b)(4) - The CCFFH did not have evidence that CG#8 had completed a disclosure form.

41.(b)(4) - The CCFFH had one HHM that had not been disclosed. CG#1 indicated that this HHM will be moving out of the CCFFH within a month.

41.(c) - The CCFFH did not have evidence that CG#4 had completed 8 hours of inservice training in the last 12 months.

41.(f)(1) - The CCFFH did not have evidence that CG#8 has received TB clearance.

41.(f)(1) - The CCFFH did not have evidence that HHM#2, HHM#3 and HHM#4 had completed a TB clearance or that they qualify for a TB exclusion.

41.(g) - The CCFFH did not have evidence that CG#4 and CG#8 had received basic skills checks for client #1 and client #2.

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) - The CCFFH did not have RN delegations for CG#4 and CG#8 for client #1 and client #2.

Foster Family Home

Client Account

[11-800-48]

- 48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a) - The CCFFH did not have evidence that a written accounting of person funds received and expended on the client's behalf was being maintained for client #2

Foster Family Home

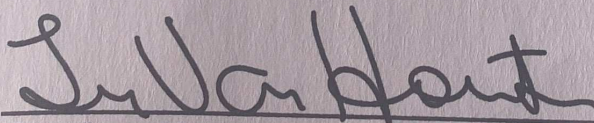
Insurance Requirements

[11-800-51]

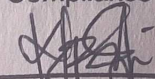
- 51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence that CG#4 and CG#8 were included on the liability insurance.



Compliance Manager



Primary Care Giver

9/16/23

Date

9/20/23

Date