

# Foster Family Home - Deficiency Report

**Provider ID:** 1-591364

**Home Name:** Lourdes Bumanglag, CNA

**Review ID:** 1-591364-14

2423 A Rose Street

Reviewer: Ryan Nakamua

Honolulu

HI 96819

Begin Date: 10/13/2023

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 by 11/13/2023

6.(d)(1): No evidence provided by CCFFH of current 1147 form for client #2. Last documented 1147 on file expired 07/14/2021.

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): No evidence provided by CCFFH that HHM#1 has current valid clearance of eCrim. Last documented eCrim dated 8/19/2021.

8.(a)(1): No evidence provided by CCFFH that HHM#6 and HHM#7 have current fingerprinting and eCrim clearance. CCFFH unable to produce documents at time of recertification.

8.(a)(2): No evidence provided by CCFFH that HHM#6 and HHM#7 have current valid APS/CAN check. CCFFH unable to produce documents at time of recertification.

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): No evidence provided by CCFFH that HHM#6 and HHM#7 received confidentiality training. No evidence of documents signed by HHMs stating they received the training.

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## Foster Family Home

## Personnel and Staffing

[11-800-41]

- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7): No evidence provided by CCFFH that CG#2, CG#3, and CG#5 have current valid TB clearance. Last documented TB clearance provided by CCFFH documented surpasses a year at time of recertification.

41.(b)(8): No evidence provided by CCFFH that CG#1, CG#2, CG#3, and CG#5 have current First Aid/CPR training. Documents provided by CCFFH of CGs' CPR/First aide training are expired at time of recertification.

41.(b)(8): No evidence provided by CCFFH of CG#2 has completed bloodborne pathogen/infection control training. Last documented training provided by CCFFH is dated year of 2021.

41.(f)(1): No evidence provided by CCFFH that HHM#1, HHM#6, and HHM#7 of current valid TB clearance. No documents were provided by CCFFH during recertification.

## 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 that CG#2 and CG#5 have completed at least one unannounced fire drill within the last year.

## Foster Family Home

## Records

[11-800-54]

- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2): No evidence provided by CCFFH that client #2 has no lapse in service plan within the past year. CCFFH unable to produce service plan for 02/2023.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

10/13/23  
\_\_\_\_\_  
Date

10/13/23  
\_\_\_\_\_  
Date