

Foster Family Home - Deficiency Report

Provider ID: 1-170087

Home Name: Marian Nakahashi, RN

Review ID: 1-170087-11

94-1144 Eleu Street

Reviewer: Po Lim

Waipahu HI 96796

Begin Date: 9/1/2023

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.

Deficiency Report issued during CCFFH inspection via email on 9/1/2023 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)(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 meet the 2 sets of APS, CAN, Fingerprints within 12 months.

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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#5.

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# 2. It was due on/before 1/2/2023.

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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 #2, #3, and #5 did not receive the training and signed form.

Foster Family Home


Insurance Requirements

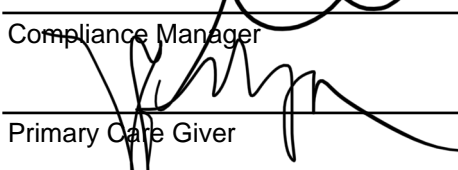
[11-800-51]

51.(a)(1) General;

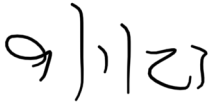
Comment:

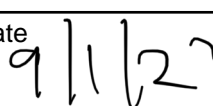
51.(a)(1) - The CCFFH did not have evidence that all CGs are included on the liability insurance policy. CG# 5 is not included on the policy.



Compliance Manager


Primary Care Giver



Date


Date