

Foster Family Home - Deficiency Report

Provider ID: 2-615338

Home Name: Marina Khrapov, CNA

Review ID: 2-615338-17

223 Kulamanu Circle

Reviewer: Terri Van Houten

Kula HI 96790

Begin Date: 9/1/2023

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

CCFFH is requesting to decrease to 2 beds.

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;

Comment:

8.(a)(1) - CG#4 did not have a fingerprint result on file in the CCFFH binder.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(3) Be able to communicate, read, and write in the English language;

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)(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)(3) - CG#4 could not demonstrate the ability to communicate in English and was unable to respond to questions about how to address an emergency in the CCFFH. Per CG#1, CG#4 has limited ability to communicate in English, but does understand more than he can speak.

41.(b)(4) - Disclosure form for CG#1 was inaccurate and did not reflect the actual number of HHM residing in the CCFFH.

41.(b)(4) - CG#4 did not have a disclosure form on file in the CCFFH binder.

41.(b)(8) - CG#4 did not have a current/valid CPR/First Aid certificate or Bloodborne Pathogen training certificate on file in the CCFFH binder.

41.(f)(1) - CG#5 did not have a current TB clearance on file. TB clearance expired 8/2023.

Foster Family Home - Deficiency Report

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

(3P)(b)(3) Staff There is no provision for a three-hour or less substitute caregiver in CCFFHs with three clients in the home. If CTA approved an SCG for three hours or less, that approval applies only for one or two clients in a home.

Comment:

(3P)(b)(2) Staff - The CCFFH did not have evidence that a 3 bed sign out log was being maintained. Upon CTA's arrival to the CCFFH, an SCG was present and there was no entry on the log for 9/1/23.

(3P)(b)(3) Staff - Upon arrival to the CCFFH, a less than 3-hour caregiver was the only CG present in the CCFFH. The CCFFH was still certified as a 3 bed CCFFH.

Foster Family Home

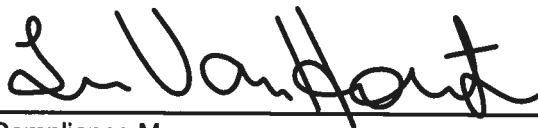
Insurance Requirements

[11-800-51]

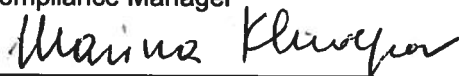
51.(a)(1) General;

Comment:

51.(a)(1) - CG#5 had not been included on the CCFFH liability insurance.



Compliance Manager



Primary Care Giver

9/5/23

Date

9/6/23

Date