

Foster Family Home - Deficiency Report

Provider ID: 1-190100

Home Name: Miriam G. Feliciano, NA

Review ID: 1-190100-12

819 Ala Liliko'i Street #1

Reviewer: Po Lim

Honolulu HI 96818

Begin Date: 8/30/2023

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 visit made for a 3 bed re-certification inspection.

CCFFH applying for increase, from 2 beds to 3 beds.

Deficiency Report issued during CCFFH inspection via email on 8/30/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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. And 8.a.2. CG#3 does not meet 2 sets of APS, CAN, Fingerprints within 12 months.

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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG #2 and CG#3 (HHM#1).

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(2) Be a NA, an LPN, or RN;

41.(b)(5)(C)(i) Have a valid driver's license;

Comment:

41.a.2. CG#3 does not qualify to work in a 3 clients CCFFH.

41.b.5.c.i. CG#2 have expired ID/driver license.

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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.

Comment:

(3P)(b)(2) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours CG#3 (NA) worked in a day or week.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) The CCFFH did not have evidence that fire drills had been conducted to included each CG at least once per year. CG#2 have not conducted a fire drill for the past 12 months.

Compliance Manager

Primary Care Giver

Date

Date