Foster Family Home - Deficiency Report							
Provider ID:	1-170079						
Home Name:	Rachel Sal	Iva, CNA	Review ID:	1-170079-12			
91-1009 Pailani	Street		Reviewer:	Ryan Nakamua			
Ewa Beach		HI 96706	Begin Date:	10/24/2023			
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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/24/2023.							
Foster Family	Home	Background Checks	5	[11-800-8]			
 8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS; Comment: 8.(a)(1): No evidence by CCFFH of 2 sets of fingerprints for HHM#2 and HHM#3. Documents provided by CCFFH of one set of fingerprints dated 9/26/2022. 							
Foster Family	Home	Information Confide	ntiality	[11-800-16]			
16.(b)(5) Comment:		raining to all employees, a es and client privacy rights		other adults in the home, on their confidentiality policies and			
16.(b)(5): No evidence by CCFFH of confidentiality training is completed for HHM#2 and HHM#3. No evidence that HHMs received training.							
Foster Family	Home	Personnel and Staffi	ing	[11-800-41]			
41.(a)(1)	Reside ir	n the community care foste	r family home;				
41.(b)(7)	Have a current tuberculosis clearance that meets department guidelines; and						
	1.(f)(1) Tuberculosis clearances that meet department of health guidelines; and						
Comment:							
41.(a)(1): No evidence provided by CCFFH that Landlord of property approved CCFFH to be operated in home. No documentation presented with approval.							
41.(b)(7): No evidence by CCFFH of current TB clearance for CG#1, HHM#2, and HHM#3. CG#1 provided documentation of TB clearance dated on 10/14/2022. No documentation presented by CCFFH of HHM#2 and HHM#3.							

41.(f)(1): Evidence presented by CCFFH of lapse in TB clearance for CG#2 and CG#4. Documents provided by CCFFH shows TB clearance documented 7/25/2022 and 10/10/2023 for CG#2 and 3/24/2022 and 4/28/2023 for CG#4.

Foster Family Home - Deficiency Report

(3P) Staff

3 Person Staffing 3 Person Staffing Requirements

(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) Staff: No documents provided by CCFFH of sign out sheet for caregivers.

Foster Family H	Iome Fire Safety	[11-800-46]		
46.(b)(2)	(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.			

Comment:

46.(b)(2): No evidence by CCFFH that all caregivers have conducted a fire drill in the CCFFH in the past 12 months. No documentation provided by CCFFH exhibits CG#2 and CG#4 conducted a fire drill in the past 12 months.

Foster Family H	Home Records	[11-800-54]
54.(c)(2)	Client's current individual service plan,	and when appropriate, a transportation plan approved by the department;
54.(c)(5)	Medication schedule checklist;	
54.(c)(6)	social worker monitoring flow sheets, cl	services through personal care or skilled nursing daily check list, RN and ient observation sheets, and significant events that may impact the life, ision of services to the client, including but not limited to adverse events;
Comment:		

54.(c)(2): No evidence by CCFFH that client #1's foley catheter care is addressed in client's service plan. No documentation of foley catheter noted in current service plan.

54.(c)(5): No evidence presented by CCFFH of no lapses in medication administration for client #1 and client #2. Signatures missing in MAR for client #1 from 6/24-6/31/2023. Client #2 has page of MAR missing for the month of October 2023.

54.(c)(6): No evidence of daily personal care completed for client #1 for the months of 6/2023, 7/2023, and 8/2023.

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