

Foster Family Home - Deficiency Report

Provider ID: 1-230008

Home Name: Rolly Lacar, NA

Review ID: 1-230008-3

94-949 Kaaholo Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 10/2/2023

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 2 bed re-certification inspection.

CCFFH is missing Client #1 form 1147.

Deficiency Report issued during CCFFH inspection via email on 10/3/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Personnel and Staffing	[11-800-41]
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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.

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance for CG# 4 and HHM# 3. TB clearance was expired on 8/26/2023.

CG# 3 did not have past positive proof for TB screening.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG# 4. They were missing from file.

CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG# 7 and CG#8.

Foster Family Home	Insurance Requirements	[11-800-51]
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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# 4 is not included on the policy.

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Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54(c)(5) No MAR present for October 2023 for Client #1 and Client #2.

54(c)(6) No ADL sheet and monitoring flow sheet present for Client#1 and #2 for October 2023.

Compliance Manager

Primary Care Giver

Date

Date