

Foster Family Home - Deficiency Report

Provider ID: 4-110017

Home Name: Estrelita Gaoiran, CNA

Review ID: 4-110017-16

440 Kea Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 11/7/2023

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 annual inspection for 2 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 12/7/2023.

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) - CCFFH did not have evidence of current state name check on file for CG#1 or CG#2. CG#1 and CG#2's eCrim expired 11/6/23.

8.(a)(2) - CCFFH did not have evidence of current APS/CAN on file for CG#1 or CG#2. CG#1's APS/CAN expired 10/13/23 and CG#2's APS/CAN expired 9/27/23.

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

41.(a)(2) Be a NA, an LPN, or RN;

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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.(a)(2) - CCFFH did not have evidence that CG#1 or CG#2 had a current CNA certificate. CG#1's CNA certificate expired 1/31/23 and CG#2's CNA certificate expired 5/31/23.

41.(b)(5) - CCFFH did not have evidence of current automobile insurance coverage.

41.(b)(7) - CCFFH did not have evidence of current TB clearances for CG#1 or CG#2. TB clearance for CG#1 expired 1/19/23 and CG#2 expired 2/1/23.

41.(b)(8) - CCFFH did not have evidence of current CPR/First Aid training or Bloodborne pathogen training for CG#1 or CG#2. CPR/FA card on file expired 1/2/23 for CG#1 and CG#2.

Foster Family Home - Deficiency Report

Foster Family Home

Insurance Requirements

[11-800-51]


51.(a)(1) General;

Comment:

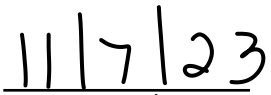
51.(a)(1) - CCFFH did not have evidence of current liability insurance coverage on file. Note: No clients residing in the CCFFH at this time.



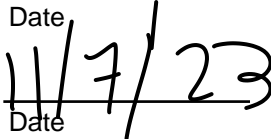
Compliance Manager



Primary Care Giver



Date



Date