

# Foster Family Home - Deficiency Report

**Provider ID:** 1-560129

**Home Name:** Nerissa Cristobal, CNA

**Review ID:** 1-560129-17

91-709 Pohakupuna Road

Reviewer: Ryan Nakamua

Ewa Beach HI 96706

Begin Date: 11/3/2023

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 inspection (inspection date: 11/3/2023).

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): No evidence from CCFFH of 2 sets of fingerprints in consecutive years for CG#2, CG#4, CG#6, and HHM#1.

8.(a)(2): Evidence by CCFFH of lapse of APS/CAN clearance for CG#2 and CG#4. No documentation presented by CCFFH of clearance prior to 1/25/2023 for CG#2 and documentation presented of APS/CAN clearance documented 3/9/23 and 12/31/19.

8.(a)(2): No evidence by CCFFH of current APS/CAN clearance for HHM#1.

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 evidence by CCFFH of confidentiality training completed for CG#2 and CG#4. No documentation presented by CCFFH.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Personnel and Staffing

[11-800-41]

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)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(4): No evidence by CCFFH of [REDACTED] caregiver disclosure form completed for CG#2 and CG#4.

41.(b)(7): Evidence by CCFFH of lapse of TB clearance for CG#4 and CG#7. No documentation provided by CCFFH of TB clearance prior to 1/27/23 for CG#4 and documentation of lapse of coverage of 4/12/23 to 5/24/23 for CG#7

41.(b)(7): No evidence provided by CCFFH of current TB clearance for CG#6. No documentation provided by CCFFH.

41.(f)(1): No evidence provided by CCFFH of current TB clearance for HHM#1. Documentation provided by CCFFH dated 8/2022.

## 3 Person Staffing

## 3 Person Staffing Requirements

(3P) Staff

(3P)(a)(5) Staff Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months, per 321-483(b)(4)(B) HRS.

Comment:

(3P)(a)(5) Staff: No evidence by CCFFH of CG#1, CG#4, CG#6, and CG#7 have documented 12 hours of annual training in the past 2 years.

## Foster Family Home

## Fire Safety

[11-800-46]

46.(b)(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 of CG#4 conducting at least one monthly fire drill in the past year. No documentation provided by CCFFH.

## Foster Family Home

## Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a): No evidence by CCFFH of current emergency preparedness plan. No documentation presented by CCFFH.

## Foster Family Home

## Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): Evidence of belongings stored in client #1's closet not belonging to the client.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

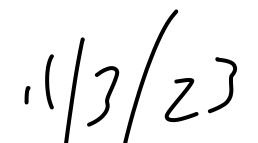
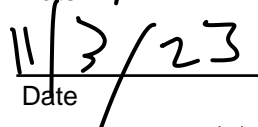
[11-800-54]

54.(c)(5)

Medication schedule checklist;

Comment:

54.(c)(2): No evidence by CCFFH of documentation of medication being given according to MAR for client #1. No order documented in client's MAR.

  
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Compliance Manager  
\_\_\_\_\_  
Primary Care Giver  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date