

Foster Family Home - Deficiency Report

Provider ID: 1-230009

Home Name: Sherir Joy D. Rafael, CNA

Review ID: 1-230009-3

91-633 Aikanaka Road

Reviewer: Ryan Nakamua

Ewa Beach HI 96706

Begin Date: 11/8/2023

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days after inspection date (inspection date: 11/8/2023).

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2): No evidence by CCFFH of current APS/CAN clearance for CG#4. No documents presented by CCFFH.

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 completed confidentiality training for CG#2 and CG#4. No documents provided by CCFFH of proof.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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.	
41.(g)	The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.	
Comment:		
41.(b)(7): No evidence by CCFFH of signed TB clearance by MD/PA/APRN for CG#1. Document provided by CCFFH shows TB clearance signed by RN.		
41.(b)(8): No evidence by CCFFH of CPR/First Aid, bloodborne pathogen, and infection control training completed for CG#3. No documentation provided by CCFFH.		
41.(g): No basic care. No caregiver skills checked for CG#2, CG#3, and CG#4 for client #1. No documentation provided.		
41.(g): No basic caregiver skills checked for CG#3 for client #2. No documentation provided by CCFFH.		

Foster Family Home	Client Care and Services	[11-800-43]
43.(c)(3)	Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.	
Comment:		
43.(c)(3): No evidence by CCFFH of delegations for CG#2, CG#3, and CG#4 for client #1. Only CG#1 was delegated tasks.		
43.(c)(3): No evidence by CCFFH of delegations for CG#3 of client #2.		

Foster Family Home	Fire Safety	[11-800-46]
46.(a)	The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.	
Comment:		
46.(a): No monthly fire drill completed during first month of having clients in CCFFH in 5/2023. No documentation provided by CCFFH.		

Foster Family Home	Physical Environment	[11-800-49]
49.(a)(5)	An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and	
Comment:		
49.(a)(5): CCFFH unable to test smoke detectors due to no battery.		

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Records

[11-800-54]

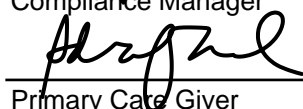
54.(c)(8) Personal inventory.

Comment:

54.(c)(8): No evidence by CCFFH of documentation of personal inventory for client #1.



Compliance Manager



Primary Care Giver



Date

Date