

# Foster Family Home - Deficiency Report

Provider ID: 1-230015

Home Name: Gloria Raval, NA

Review ID: 1-230015-3

94-1017 Awanani Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 11/27/2023

## 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 visit made for a 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 11/27/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

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

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) CCFFH did not have evidence of current TB clearance for CG# 5 (HMM#2). CG# 5 (HMM#2) TB clearance was not signed by a providers (MD, DO, APRN, PA).

41.g. No basic skills check present in record for CG#5, CG#6, and CG#7.

## 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 RN delegation present for Client #2 for CG#5, CG#6, and CG#7.

Compliance Manager

Primary Care Giver

Date

Date