Foster Family Home - Deficiency Report

Provider ID: 4-230084

Home Name: Joelita Ucol, CNA Review ID: 4-230084-1

17 Hoomoku Loop Reviewer: Terri Van Houten

Kahului HI 96732 Begin Date: 11/21/2023

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) – CCFFH inspection conducted for a new 2 bed CCFFH certification. Report issued during CCFFH inspection with written plan of correction due to CTA by 12/22/23.

Foster Family H	lome	Background Checks	[11-800-8]	
8.(a)(1)	Be subjec	et to criminal history record checks	in accordance with section 846-2.7, HRS;	
8.(a)(2)	Be subjec	t to adult protective service perpet	rator checks if the individual has direct contact	with a client; and
Comment:				

- 8.(a)(1) HHM#3 and HHM#4 did not have evidence of background checks (Fingerprints)
- 8.(a)(2)- HHM#3 and HHM#4 did not have evidence of background checks (APS/CAN)

Foster Family I	lome Infor	mation Confidentiality	[11-800-16]	
16.(b)(5)		o all employees, and for homes, client privacy rights.	other adults in the home, on their co	onfidentiality policies and
Comment:				

16.(b)(5) - CCFFH did not have evidence that confidentiality training had been provided for CG#1, CG#2, CG#3, HHM#3, and HHM#4

Foster Famil	ly Home Personnel and Staffing	[11-800-41]
41.(b)(4)	Cooperate with the department to complete a psy accordance with section 11-800-7.(b)(2).	rchosocial assessment of the caregiving family system in
41.(b)(8)	Have documentation of current training in blood be resuscitation, and basic first aid.	orne pathogen and infection control, cardiopulmonary
41.(f)(1)	Tuberculosis clearances that meet department of	health guidelines; and
Comment:		

- Comment:
- 41.(b)(4) CCFFH did not have an up-to-date disclosure form for CG#1 reflecting a current number of HHMs.
- 41.(b)(8) CG#1 did not have evidence of first aid training.
- 41.(f)(1) CCFFH did not have evidence of TB clearance or TB exclusion for HHM#3 and HHM#4.

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Foster Family Home	Physical Environment	[11-800-49]	
49.(e) The ho	me shall have policies regarding smoking	on the property that:	
		on the property that.	
Comment:			
49.(e) - The CCFFH did	not have evidence of a smoking policy	/.	
Foster Family Home	Client Rights	[11-800-53]	
53.(b)(15) Have o	laily visiting hours and provisions for privac	cv established:	
Comment:			
53.(b)(15) - CCFFH did r	not have evidence of a policy outlinging	g visiting hours.	

Compliance Manager

Primary Care Giver

1/21/23 Date

Date