

Foster Family Home - Deficiency Report

Provider ID: 1-130036

Home Name: Rosebella Balan, CNA

Review ID: 1-130036-15

94-857 Kaaholo Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 11/17/2023

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 visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 11/17/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.a.1.and 8.a.2. CG#3 (HHM #1) did not meet the 2 sets of APS, CAN, Fingerprints requirements within a 12 months period.

8(a)(2) APS/CAN checks were overdue for CG# 2.
APS/CAN was due on or before 2/7/2022 and is not present in the CCFFH file.

8(c) State Name Check (eCrim) was overdue for CG# 2. State Name Check (eCrim) was due on or before 1/20/2022 and is not present in the CCFFH file.

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Personnel and Staffing

[11-800-41]

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

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)(5)(C)(i) Have a valid driver's license;

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. CG#2 have an expired CNA license and no renew on file.

41.b.4. No disclosure form present for CG# 1.

41.b.5.c.i. CG#2 is missing a form of ID/driver license.

41.(b)(7) CCFFH did not have evidence of current TB clearance for CG# 2 and CG#3(HHM# 1).

CG#2 TB expired on 3/6/2022, and no renew on file. CG#3(HHM#1) TB had lapse, TB was expired on 6/12/2023 and renewed on 10/23/2023.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG# 2. It was due on/before 1/29/2022, and no renew on file.

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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 # 1 for CG# 2.

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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) - Last fire drill present in record was documented on 6/2023. No fire drill documentation present for July 2023 through October 2023. In addition, missing fire drill for the month of 12/2022.

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Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54(c)(2) No current service plan present for Client# 1. Last one in record is dated 04/2023.
Client #2 service plan was not signed by the client/POA.

54.(c)(5) MAR present for Client# 1 was not documented daily. Sheet not completed from 11/15/23 to 11/16/23.

54(c)(6) ADL flowsheet for Client#1 was not documented daily. Sheet not completed from 11/15/23 to 11/16/23.

Compliance Manager

Primary Care Giver

Date

Date