

Foster Family Home - Deficiency Report

Provider ID: 1-512964

Home Name: Rosemarie Pe Benito, RN

Review ID: 1-512964-14

91-1027 Ho'ohilu Street

Reviewer: Ryan Nakamua

Ewa Beach HI 96706

Begin Date: 11/15/2023

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 after inspection (inspection date: 11/15/2023).

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 by CCFFH of 2 consecutive years of fingerprint clearance for HHM#2. Documents showed by CCFFH of fingerprints from 1/18/2022 and 10/19/2023.

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

Foster Family Home	Personnel and Staffing	[11-800-41]
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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.(b)(7): No evidence provided by CCFFH of current TB clearance for CG#2. No documentation provided within the past 12 months.

41.(b)(8): No evidence of current completion of bloodborne pathogen/infection control training for CG#1, CG#2, and CG#3. Last completed training dated 11/10/2022.

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Foster Family Home

Medication and Nutrition

[11-800-47]

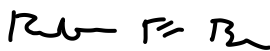
47.(d)(1) By order of a physician;

Comment:

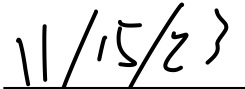
47.(d)(1): No evidence of MD order for bed side rails to be up for client #1 and client #2. No documents provided by CCFFH.



Compliance Manager



Primary Care Giver



Date



Date