

# Foster Family Home - Deficiency Report

Provider ID: 1-561177

Home Name: Emilio Andres, CNA

Review ID: 1-561177-17

1935 Ulana Street

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 1/2/2024

## 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 3 bed re-certification inspection.

Client missing form 1147.

Deficiency Report issued during CCFFH inspection via email on 1/2/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## Foster Family Home Information Confidentiality [11-800-16]

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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#4.

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

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.g. No basic skills check present in Client#2 record for CG#3.

## 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 #1 for CG#3 and CG#4.  
No RN delegation present for Client #2 for CG#3.

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Foster Family Home

Records

[11-800-54]

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

Comment:

54(c)(2) No current signature of client/POA for service plan present for Client #1.

Compliance Manager

Primary Care Giver

Date

Date