

# Foster Family Home - Deficiency Report

Provider ID: 1-160025

Home Name: Jacqueline Atienza, CNA

Review ID: 1-160025-16

91-1041 Ma Ke Kula Place

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 1/8/2024

## 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 #1 is missing form 1147.

Client#2 have expired form 1147 on 9/23/2021.

Deficiency Report issued during CCFFH inspection via email on 1/8/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## Foster Family Home Background Checks [11-800-8]

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)(2) APS/CAN checks were lapsed for CG# 1.

APS/CAN was due on or before 2/26/21 and was completed on 8/2/23.

8(c) State Name Check (eCrim) was overdue/lapsed for CG#1. State Name Check (eCrim) was due on or before 2/26/2021 and was completed on 8/2/2023.

## 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# 2 and #3.

# Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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- 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).

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

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- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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Comment:

- 41(a)(3) No job experience form present for CG#2.
- 41.b.4 No disclosure form present for CG#2.
- 41.(b)(7) CG#1 and CG#3 TB clearance lapsed, was due on/before 3/21/2023 and was done on 7/21/2024.
- 41.(b)(8) CCFFH did not have evidence of current CPR/First Aid/Bloodborne Pathogen/Infection control training for CG# 1, #2, and #3. CG#3 lapse on CPR/First Aid training and was due on 1/26/2022 and renewed on 11/20/2023. CG# 1 CPR/1st aid expires 1/6/2024. CG# 2 CPR/1st aid expires 6/30/2022. All three CGs are missing Bloodborne Pathogen training, none in files.
- 41.c All three CGs are missing the 12 hours credits requirement of inservices/CE training.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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- (3P)(b)(2) Staff      Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

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Comment:

- (3P)(b)(2) No evidence that a 3-bed sign out sheet was routinely use at the CCFFH. CTA Compliance manager was unable to verify the number of hours CG#3 (NA) worked in a day or week.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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- (3P)(b)(6) Fire      shall include all SCGs at least once per year

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Comment:

- (3P)(b)(6). The CCFFH did not have evidence that fire drills had been conducted by CG#2 at least once per year.

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Foster Family Home


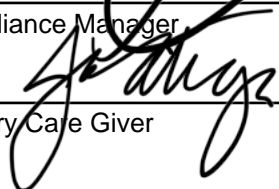
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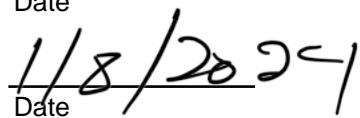
[11-800-54]

54.(c)(8) Personal inventory.

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Comment:

54(c)(8) Client# 1 did not have evidence that a personal inventory log has been initiated and/or maintained.

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date