

# Foster Family Home - Deficiency Report

Provider ID: 1-190025

Home Name: Lorna Lobusta, CNA

Review ID: 1-190025-12

1265 Noelani Street

Reviewer: Ryan Nakamua

Pearl City HI 96782

Begin Date: 1/3/2024

## 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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 1/03/2024).

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

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): Evidence by CCFFH of lapse of ecrim clearance for CG#1 and CG#5. Documents provided by CCFFH show lapse from 12/22/2022 to 01/02/2023 for CG#1. Documents provided by CCFFH show lapse from 07/22/2023 to 9/28/2023 for CG#5.

8.(a)(2): Evidence by CCFFH of lapse of APS/CAN clearance for CG#1. Documents provided by CCFFH show lapse from 12/22/2022 to 01/18/2023.

8.(a)(2): No evidence by CCFFH of current APS/CAN clearance for CG#5. Documents provided by CCFFH show last APS/CAN clearance completed 7/21/2021.

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

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

Comment:

41.(b)(8): No evidence by CCFFH of current CPR/First Aid certificate for CG#3. No documents provided by CCFFH.

41.(b)(8): Evidence by CCFFH of lapse of CPR/First Aid certificate for CG#5. Documents provided by CCFFH show lapse from 6/2023 to 7/3/2023.

## Foster Family Home 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): No evidence of monthly fire drills conducted at CCFFH. No documentation noted of fire drill conducted for 12/2023.

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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;

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

Comment:

54.(c)(2): No evidence by CCFFH of client #2's service plan addressing client using seat belt while in wheelchair. No documentation noted in current service plan.

54.(c)(2): No evidence addressed in client #3's service plan regarding frequency of blood glucose monitoring and use of side rails while in bed. No documentation noted in client's current service plan.

54.(c)(5): Multiple medications missing on hand supply and has not received medications since admission on 12/28/2023.



Compliance Manager



Primary Care Giver

1/3/24  
Date  
1/7/24  
Date