

Foster Family Home - Deficiency Report

Provider ID: 1-200008

Home Name: Lourdes V. Ibe, CNA

Review ID: 1-200008-12

91-1024 North Road

Reviewer: Po Lim

Ewa Beach

HI 96706

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 visit made for a 2 bed re-certification inspection.

Client#1 is missing form 1147.

Client#2 has an outdated form 1147, expired on 6/2023.

Deficiency Report issued during CCFFH inspection via email on 1/3/2024 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)(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 did not meet the 2 sets of APS, CAN, Fingerprints requirements within a 12 months period. CG#2 is missing all Fieldprint records to include APS, CAN, Fingerprints.

8.a.c. CG#2 is missing all State Ecrim records.

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 CG#3 and HHM# 1, #2, and #3.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(a)(1) Reside in the community care foster family home;

- 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.

- 41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

- 41.a.1. Missing Lease agreement.
- 41.b.4. No disclosure form present for CG# 1 and #2.
- 41.b.5.c.1. CG# 2 is missing ID/license.
- 41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for HHM#1. TB Expired on 1/24/2023 and no new on file.
- 41.(b)(8) CCFFH did not have evidence of current CPR/First Aid/Bloodborne Pathogen/Infection control training for CG# 2. Missing CPR, AED, First, and BPP/IC certification. CG #1 lapse on BPP/IC which expired 1/14/2024 and renewed on 9/6/2023. CG#3 have expired BBP/IC on 1/14/2023 and no new present on file.
- 41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#2 and CG#3. CG# 2 and #3 requires 8 hours of in-service training, but had only ZERO hours attended in 2023.

Foster Family Home	Client Care and Services	[11-800-43]
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- 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.

Foster Family Home	Quality Assurance	[11-800-50]
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- 50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

- 50.(a) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. Missing the policy from file.

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Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence that all CGs are included on the liability insurance policy. Policy had expired 11/30/2023 and no new on file.

51.(a)(2)- The CCFFH did not have evidence of a current automobile policy for CG# X.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) The CCFFH is missing documentation/policy for visiting hours. Per Federal Regulations, visiting hours cannot be restricted or limited for the client without specific reasons identified in the client's service plan which the client agrees to.

Foster Family Home

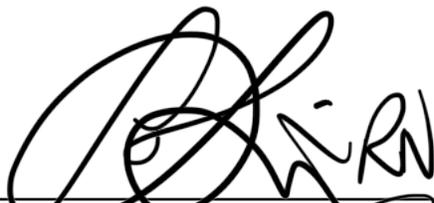
Records

[11-800-54]

54.(a)(3) A list of applicable community resources.

Comment:

54(a)(3) The CCFFH did not have a list of applicable community resources.



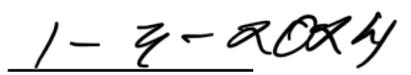
Compliance Manager



Primary Care Giver



Date



Date