

Foster Family Home - Deficiency Report

Provider ID: 1-120040

Home Name: Archie James Antonio, CNA

Review ID: 1-120040-19

94-1086 Puloku Street

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 1/18/2024

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: 1/18/2024).

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 criminal background check for HHM#1. Documents provided by CCFFH show lapse from 12/16/2023 to 1/15/2024.

8.(a)(2): No evidence by CCFFH of current APS/CAN clearance for HHM#1. No documentation of clearance was provided by CCFFH.

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 evidence by CCFFH of basic caregiver skills were checked by case management agency of client #1 for CG#5. Documents provided by CCFFH does not document if caregiver is satisfactory or not.

41.(g): No evidence by CCFFH of basic caregiver skills were checked by case management agency of client #2 and client #3 for CG#7. No documentation provided by CCFFH.

41.(g): No documentation provided by CCFFH of skills were checked for all caregivers regarding use of hooyer lift for client #1. No documentation provided by CCFFH.

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:

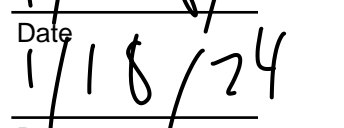
54.(c)(2): No evidence by CCFFH of current service plan for client #1 addressing use of hooyer lift while transferring. No documentation presented in current service plan.



Compliance Manager


Primary Care Giver



Date


Date