

Foster Family Home - Deficiency Report

Provider ID: 2-230014

Home Name: Geraldine Ramos, CNA

Review ID: 2-230014-4

96-3214 Hau Street

Reviewer: David Ayling

Pahala HI 96777

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) - Home inspection for a 2 person CCFFH recertification. CCFFH currently only has 1 client. Deficiency Report issued during home inspection with written plan of correction due to CTA by 2/2/24.

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

Comment:

8.(a)(2) - APS/CAN expired on 7/2/2023 for CG #2. Current APS/CAN is not present in the CCFFH file.

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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.

Comment:

41.(b)(5) - No current Auto Insurance policy in CG #1's CCFFH file.

41.(b)(7) - CG #1 TB clearance lapsed, was due on/before 11/16/2023 and

CG #2 TB clearance lapsed, was due on/before 7/29/2023. Both have no current TB clearance in the CCFFH file.

41.(b)(8) - No current CPR/First Aid and Blood Borne Pathogen certification for CG #1, CG#3, and CG #4. All CG's have no current CPR/First Aid and Blood Borne Pathogen certification in the CCFFH file.

No current CPR/First Aid for CG #2. Expired on 11/13/2023. No current CPR/First Aid in the CCFFH file.

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 delegations for CG #4 present in the chart for client #1.

David A. Ayling RN
Compliance Manager

PRINCE SHEENA AURELIO
Primary Care Giver

1/2/2024
Date

1-2-2024
Date