

Foster Family Home - Deficiency Report

Provider ID: 1-210031

Home Name: Judith Pasion, NA

Review ID: 1-210031-9

94-079 Waikele Loop

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 1/22/2024

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.

Deficiency Report issued during CCFFH inspection via email on 1/22/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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.

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

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.

Comment:

41.(b)(5)(C)(i) CG#2 does not have ID/license on file.

41.(b)(7) CCFFH did not have evidence of current TB clearance for CG# 2. Missing from file.

41.(b)(8) CCFFH did not have evidence of current First Aid training for CG# 2. Bloodborne Pathogen/Infection control training were expired for CG#1, #2, and #3. BPP/IC training expired on or before 1/7/2024.

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#2 did not have evidence of conducting a monthly fire drill within the past 12 months.

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Quality Assurance

[11-800-50]

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. Form is not completed fully. CG#2 and CG#3 were not trained in the policy.

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 signature by the POA/client for the service plan present for Client# 1.

Compliance Manager

Primary Care Giver

Date

Date