

Foster Family Home - Deficiency Report

Provider ID: 1-220020

Home Name: Kathrene Ramos, CNA

Review ID: 1-220020-7

94-947 Awanani Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 1/12/2024

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (Inspection date: 1/12/2024).

PCG Requests to increase from 2 to 3 beds.

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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.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.
- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and
- 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.(b)(5): Evidence by CCFFH show car insurance policy does not meet minimum requirements. Car insurance policy provided by CCFFH shows only \$20,000 bodily damage per person.

41.(b)(7): Evidence by CCFFH of lapse in TB clearance for CG#2. Documents provided by CCFFH show lapse from 5/19/2023 to 08/05/2023.

41.(b)(7): No evidence by CCFFH of current TB clearance for CG#6. No documentation provided by CCFFH.

41.(b)(8): No evidence by CCFFH of current first aid/CPR training completed for CG#6. No documentation provided by CCFFH.

41.(f)(1): No evidence by CCFFH of current TB clearance for HHM#2. Documentation provided by shows last TB documented 4/30/2022.

41.(e): CCFFH Request to increase to 3 bed CCFFH. Evidence provided by CCFFH show CG#2, #3, #4, and #6 approved for 2 bed CCFFH.

41.(g): No evidence by CCFFH of basic caregiver skills checked by case management agency for client #1 and client #2 for CG#1,#2,#3,#4,#5, and #6. Documents provided by CCFFH does not determine if satisfactory has been met.

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:

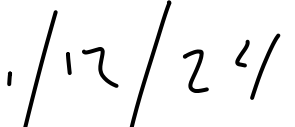
43.(c)(3): No evidence by CCFFH of RN delegations were given for client #1 and client #2 for CG#2, #3, #4, #5, and #6. Documents provided by CCFFH show CG#1 only signed for RN delegations.



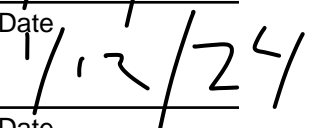
Compliance Manager



Primary Care Giver



Date



Date