

Foster Family Home - Deficiency Report

Provider ID: 1-220022

Home Name: Kathyrine Joy Prado, NA

Review ID: 1-220022-6

91-944 Akaholo Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 1/12/2024

Foster Family Home	Required Certificate	[11-800-6]
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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.

Deficiency Report issued during CCFFH inspection via email on 1/12/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Background Checks	[11-800-8]
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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.and 8.a.2. CG#1, CG#3, and HHM#1, #2, #3, and #4. They did not meet the 2 sets of APS, CAN, Fingerprints requirements within a 12 months period.

Foster Family Home	Information Confidentiality	[11-800-16]
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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#4.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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)	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.	
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.	
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.4. No disclosure form present for CG#1 and CG#4.

41.b.5. Auto insurance is below the minimum of state standards. CCFFH is insured below the minimum at 40k BI / 10k PD.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG# 1 and CG#3.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid/Bloodborne Pathogen/Infection control training for CG# 1. It was due on/before 10/31/2024. CG#1 and #3 BPP was expired on 9/26/2023.

41.c. 41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1 and CG#3. CG#1 and CG#3 requires 8 hours of in-service training, but had only ZERO hours attended in 2023.

41.g. No basic skills check present in record for CG#3 and #4.

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 delegation present for Client #1 for CG#4.

Foster Family Home	Fire Safety	[11-800-46]
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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 and CG#4 did not have evidence of conducting a monthly fire drill within the past 12 months.

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Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) MARs for 11/2023, 12/2023, and 1/2024 are missing from the records for client #1.

Compliance Manager

Primary Care Giver

Date

Date