

Foster Family Home - Deficiency Report

Provider ID: 1-190061

Home Name: Leonida Calixto, CNA

Review ID: 1-190061-10

3608 Salt Lake Blvd.

Reviewer: Ryan Nakamua

Honolulu

HI 96818

Begin Date: 1/11/2024

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: 1/11/2024).

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;

Comment:

8.(a)(1): No evidence by CCFFH of sets of fingerprints clearance completed for CG#3. No documentation provided by CCFFH.

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 evidence by CCFFH of confidentiality training completed for CG#2, CG#3, and CG#4. No documentation provided by CCFFH.

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Foster Family Home

Personnel and Staffing

[11-800-41]

- 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.

Comment:

41.(b)(7): No evidence by CCFFH of documentation of current TB clearance for CG#3 and CG#4. Documents provided by CCFFH show last TB clearance for CG#3 dated 4/06/2022 and CG#4 dated 11/18/2022.

41.(b)(7): Evidence by CCFFH of lapse in TB clearance for CG#1. Documents show lapse of coverage from 2/27/2023 to 4/05/2023.

41.(b)(8): No evidence by CCFFH of current CPR/first aid training certificate for CG#3. Documents provided by CCFFH show CPR/first aid expired on 10/14/2023.

41.(c): No evidence by CCFFH of CG#3 completing 12 hours of annual in-service training in 2023. Documents provided by CCFFH show caregiver completing 7 hours in 2023.

Foster Family Home

Medication and Nutrition

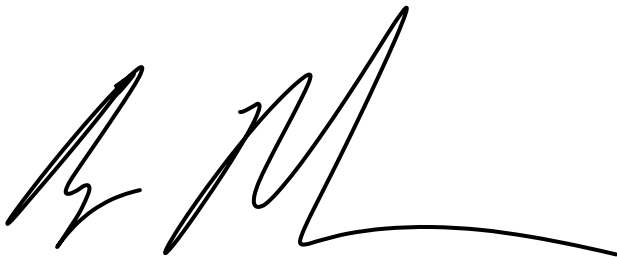
[11-800-47]

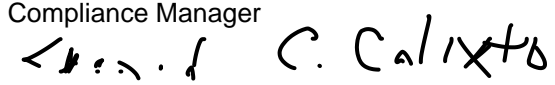
- 47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.
- 47.(d)(1) By order of a physician;

Comment:

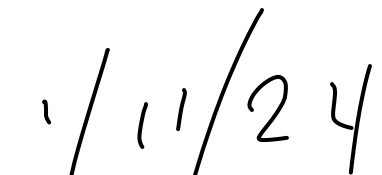
47.(c): No evidence by CCFFH of list all medications' side effects for client #1. No documentation of side effects of any current routine medications.


47.(d)(1): No evidence by CCFFH of physician order for use of bed rails for client #1. No documentation provided by CCFFH.



Compliance Manager


Primary Care Giver



Date


Date

1/11/2024 3:20:58 PM