Foster Family Home - Deficiency Report

Provider ID: 1-595457

Home Name: Mari Cris Rodriguez, CNA Review ID: 1-595457-14

91-1003 Opaehuna Street Reviewer: Po Lim

Ewa Beach HI 96706 Begin Date: 1/8/2024

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.

Client #2 have an expired form 1147 on 10/2/2021.

Deficiency Report issued during CCFFH inspection via email on 1/8/2024 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# 5 (HHM#3).

Foster Family	Home Personnel and Staffing	[11-800-41]
41.(b)(4)	Cooperate with the department to complete a ps accordance with section 11-800-7.(b)(2).	sychosocial assessment of the caregiving family system in
41.(g)	and specific skill areas needed to perform tasks	assessed by the department for competency in basic caregiver skills necessary to carrying out each client's service plan. The of all caregivers shall be kept in the client's, case manager's, and rice plan.

Comment:

- 41.b.4. No disclosure form present for CG#5.
- 41.g. No basic skills check present in record for CG#5 for Client #1.

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Foster Family I	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# 5.					
Foster Family I	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.				
			3.77		
Comment:					

46.(b)(2)- CG#5 did not have evidence of conducting a monthly fire drill within the past 12 months.

Compliance Manager

Primary Care Giver

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