

Foster Family Home - Deficiency Report

Provider ID: 1-230025

Home Name: Ruel V. Rivala, CNA

Review ID: 1-230025-3

91-1093 Kauiki Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 1/17/2024

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 1/17/2024 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#3, #4, #5, #6.

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

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

Foster Family Home Quality Assurance [11-800-50]

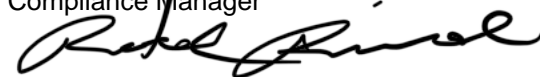
50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

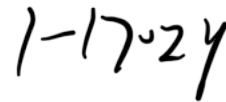
50.(a) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. CG#4 and CG#5 did not received the training and did not sign the policy acknowledgement form.



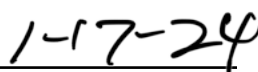
Compliance Manager



Primary Care Giver



Date



Date