

Foster Family Home - Deficiency Report

Provider ID: 1-210037

Home Name: Wilma Pasion, CNA

Review ID: 1-210037-8

94-284 Loaa Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 1/23/2024

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 3 bed re-certification inspection.

CCFFH is applying for an increase from 2 beds to 3 beds.

Client #1 and Client#2 were missing their Form 1147.

Deficiency Report issued during CCFFH inspection via email on 1/23/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(2) Be a NA, an LPN, or RN;

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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.

Comment:

41(a)(2) CG#3 and CG#5 are not qualify to work in a 3 beds CCFFH.

41(a)(3) No job experience form present for CG#5.

41.(b)(7) CCFFH did not have evidence of history of TB clearance for CG#1. Unable to confirm previous TB dates.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#3 and CG#5. CG#3 CPR expired 6/30/2023 and no renewal on file. CG#5 CPR is missing. CG#3 and CG#5 First Aid is missing.

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3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) No evidence that a 3-bed sign out sheet was in use at the CCFFH.

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 and Client #2 for CG#2.

Compliance Manager

Primary Care Giver

Date

Date