

# Foster Family Home - Deficiency Report

**Provider ID:** 1-090094

**Home Name:** Erlinda Ibus, CNA

**Review ID:** 1-090094-18

94-321 Hilihua Way

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 11/29/2023

## 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 3 bed re-certification inspection.

Clients #1 and Clients #2 is missing form 1147.

Deficiency Report issued during CCFFH inspection via email on 11/29/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8(a)(2) APS/CAN checks were overdue for CG#2, expired on 9/1/2023. No new in file.

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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.
- 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)(7) CCFFH did not have evidence of current TB clearance for CG#2. CG# 2 TB clearance expired, was due on/before 5/3/2023.

41.(b)(8) CCFFH did not have evidence of current CPR for CG#2. It was due on/before 10/12/2022. CG#2 1st aid expires 10/20/2023. No renew in file. CG#1 blood borne pathogen is expired on 9/2023 and no renew on file.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#2. CG# 2 requires 12 hours of in-service training, but had only 4 hours attended in 2022.

41.g. No basic skills check present in record for CG# 2 and CG# 3.

## 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#2 and CG#3.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(5) Medication schedule checklist;
- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;
- 54.(c)(8) Personal inventory.

Comment:

54(c)(2) No current service plan present for Client#2. Last one in record is dated 1/2023. Client #2 and Client #3 current service plans are not sign by the POA/clients.

54.(c).5. MAR was not documented daily. Sheet not completed from 11/26/2023 to 11/28/2023 for clients #1, Client #2, and Client#3.

54(c)(6) ADL flowsheet were not documented daily. Sheet not completed from 11/26/2023 to 11/28/2023 for clients #1, Client #2, and Client#3.

54.(c),54(c)(8) Client# 1 and Client #3 did not have evidence that a personal inventory log has been initiated and/or maintained.

  
\_\_\_\_\_  
Compliance Manager  
\_\_\_\_\_  
Primary Care Giver

11/29/2023

Date

11/29/2023

Date