Foster Family Home - Deficiency Report

Provider ID: 1-585581

Home Name: Lucita Galano, CNA Review ID: 1-585581-15

86-182 Moelua Street Reviewer: Po Lim

Waianae HI 96792 Begin Date: 1/29/2024

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#1 is missing Form 1147.

Deficiency Report issued during CCFFH inspection via email on 1/29/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(c) State Name Check (eCrim) was lapsed for CG# 1. State Name Check (eCrim) was due on or before 8/28/2023 and was completed on 9/23/2023.

Foster Family F	ome Information	Confidentiality	[11-800-16]	
16.(b)(5)	Provide training to all emprocedures and client private	ployees, and for homes, other a vacy rights.	dults in the home, on their conf	fidentiality policies and
Comment:				

16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to HHM# 4.

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Foster Famil	y Home Personnel and Staffing	[11-800-41]		
41.(b)(4)	Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).			
41.(b)(7)	Have a current tuberculosis clearance that meets department guidelines; and			
41.(f)(1)	Tuberculosis clearances that meet department of health guidelines; and			
Commont:				

Comment:

41.b.4 No disclosure form present for CG#2, #3, and #4.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#3. CG# 3 TB clearance is missing for 2022, unable to verify continuity for current TB of 8/2023.

41.(f)(1) CCFFH did not have evidence of current TB clearance or exclusion for HHM#4 and HHM#6. Both are missing TB clearances.

Compliance Manager

Primary Care Giver

1/29/2027

Date

1/29/2024 11:57:35 AM