

# Foster Family Home - Deficiency Report

Provider ID: 1-582727

Home Name: Welma Nalos, CNA

Review ID: 1-582727-15

91-910 Pailani Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 1/31/2024

## 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 1/30/2024 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)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

Comment:

8.(a)(1) Fingerprint check is overdue for HHM#7. New HHM.

8(a)(2) APS/CAN checks were due for HHM#7. New HHM.

## 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 HHM# 7.

# Foster Family Home - Deficiency Report

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

- 41.(a)(1) Reside in the community care foster family home;
- 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.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

- 41.a.1. Proof of residing in CCFFH is missing.
- 41.b.4. Disclosure form for CG#1 is not current with new Household Member. HHM#7 is missing from HHM list.
- 41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#3,HHM# 1 and HHM# 7. CG#3 and HHM#1 TB clearance expired and was due on/before 1/26/2023. HHM#7 is missing TB Clearance.
- 41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#2. It was due on/before 3/3/2023.

## Foster Family Home Insurance Requirements [11-800-51]

- 51.(a)(2) Automobile; and

Comment:

- 51.a.2. Auto insurance is missing from the file.

## Foster Family Home Fiscal Requirements [11-800-52]

- 52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

- 52.(b) - No fiscal records present for 2024.

## Foster Family Home Records [11-800-54]

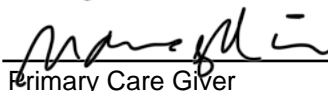
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

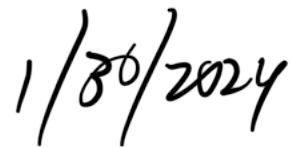
- 54(c)(2) No current service plan present for Client# 1. Last one in record is dated 1/2023.



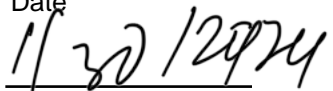
Compliance Manager



Primary Care Giver



Date



Date