

Foster Family Home - Deficiency Report

Provider ID: 1-584020

Home Name: Renelda Raposas, CNA

Review ID: 1-584020-14

1261 Hooli Circle

Reviewer: Ryan Nakamua

Pearl City

HI 96782

Begin Date: 2/6/2024

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 2/6/2024).

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): No evidence by CCFFH of current APS/CAN clearance for HHM#1 within the past 2 years. Documents provided by CCFFH show last clearance dated 1/20/2022.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(8): No evidence by CCFFH of bloodborne pathogen and infection control training completed in the past 12 months for CG#1 and CG#2. Documents provided by CCFFH show last bloodborne pathogen training completed 1/5/2023.

41.(f)(1): No evidence by CCFFH of TB clearance for HHM#1 within the last 12 months. Documents provided by CCFFH show most recent TB clearance dated 4/01/2022.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a): No evidence by CCFFH of monthly fire drills were conducted every month while clients live in CCFFH. No documentation provided by CCFFH of fire drill conducted in the month of 01/2024.

46.(b)(2): No evidence by CCFFH of CG#2 conducting a fire drill in the past 12 months. No documentation provided by CCFFH.

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Insurance Requirements


[11-800-51]

51.(a)(1) General;

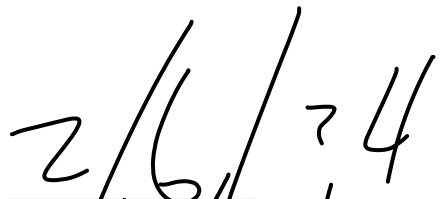
Comment:


51.(a)(1): Evidence by CCFFH of lapse of liability insurance from 1/02/2023 to 11/29/2023. No documents provided by CCFFH show coverage within that timeframe.



Compliance Manager


Primary Care Giver



Date


Date