

Foster Family Home - Deficiency Report

Provider ID: 1-561929

Home Name: Andrea Abad, CNA

Review ID: 1-561929-16

94-685 Kalae Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 2/23/2024

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 2/23/2024 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.(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.(a)(1). Second Fingerprint check is overdue for CG#3, was due on/before 09/2022.

8(c) State Name Check (eCrim) was lapsed for CG#1, CG#4, CG#5. State Name Check (eCrim) was due on or before 4/2/2023 and was completed on 4/21/2023.

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 CG#6.

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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.

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance for CG#4, #5, and #6. All three expired on or before 10/9/2023.

41.(b)(8) CCFFH did not have evidence of current CPR for CG#3 and #4. It was due on/before 5/31/2023. CG#1 is missing first aid.

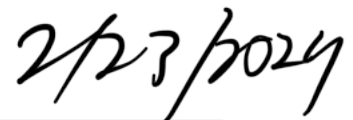
41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#3, #4, #5, and #6. All CGs requires 8 hours of in-service training, but had only 7 hours attended in 2023. CG#2 had total 4.5 hours credit for annual in-service training hours for 2023 present in record. CG#2 was required to have 8 hours in 2023.



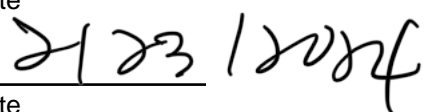
Compliance Manager



Primary Care Giver



Date



Date