

Foster Family Home - Deficiency Report

Provider ID: 1-230040

Home Name: Charmaine Fabro, CNA

Review ID: 1-230040-3

1582 Lehua Street

Reviewer: Ryan Nakamua

Honolulu

HI 96819

Begin Date: 3/5/2024

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: 3/5/2024).

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;

Comment:

8(a)(1): No evidence by CCFFH of current criminal background check for CG#2. Most recent document provided by CCFFH dated 10/20/2021.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(4) Respect client privacy rights;

Comment:

16.(b)(4): Belongings found in client #1's bedroom that did not belong to client. CG#1 states that belongings such as hoyer lift belonged to previous client.

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.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

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

Comment:

41.(b)(7): No evidence by CCFFH of TB clearance for CG#5. No documentation provided by CCFFH.

41.(b)(8): No evidence by CCFFH of first aid training completed by CG#3. NO documentation provided by CCFFH.

41.(f)(1): No documentation of TB clearance for HHM minor.

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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.

Comment:

46.(a): No evidence by CCFFH of fire drills conducted monthly while clients are in home of CCFFH. No documentation provided by CCFFH of fire drill conducted 2/2024.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47(d)(1): No evidence by CCFFH of physician order for use of side bed rails for client #1. No documentation provided by CCFFH.

Foster Family Home

Records

[11-800-54]

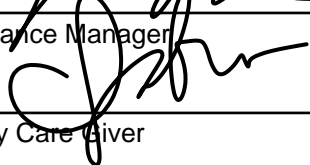
54.(c)(3) Current copies of the client's physician's orders;

Comment:

54.(c)(3): No evidence by CCFFH of physician admission orders. No documents provided by CCFFH.



Compliance Manager



Primary Care Giver

3/5/24
Date
3/5/24
Date