

Foster Family Home - Deficiency Report

Provider ID: 1-180031

Home Name: Clarita Manzano, NA

Review ID: 1-180031-11

3080 Kalihi Street

Reviewer: Ryan Nakamua

Honolulu

HI 96819

Begin Date: 3/20/2024

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 date (3/20/2024).

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;

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): Evidence by CCFFH of lapse of criminal background check for CG#3. documents provided show background check due 7/28/2022 and completed 4/27/2023.

8.(a)(2): Evidence by CCFFH of lapse of APS/CAN check for CG#3. Documents provided by CCFFH show APS/CAN check due 8/20/2023 and was completed 11/16/2023.

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 evidence by CCFFH of confidentiality training completed for CG#2, CG#4, and CG#5. No documentation provided by CCFFH.

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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): Evidence of lapse for CG#3 regarding TB clearance. TB clearance due 2/13/2023 and completed on 4/11/2023.

41.(b)(8): Unable to verify if lapse occurred based on no documents provided by CCFFH of CPR/first aid certification prior to 5/01/2023 for CG#3.

41.(c): No evidence by CCFFH of CG#3 and CG#5 meeting minimum 8 hour requirement of annual in-service training. Documents provided by CCFFH show CG#3 completed 6 hours and CG#5 completed 5 hours in 2023.

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Fire Safety

[11-800-46]

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

Comment:

46.(b)(2): No evidence by CCFFH of CG#3 conducting a fire drill in the past 12 months. No documentation provided by CCFFH.

Foster Family Home

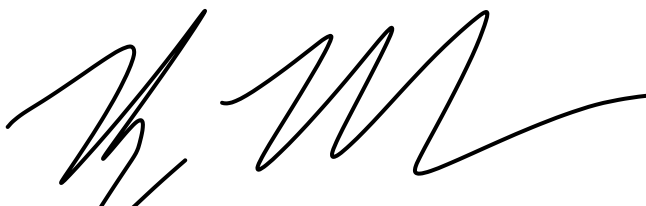
Client Rights

[11-800-53]

- 53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

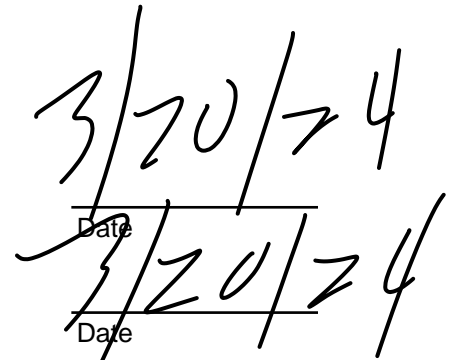
Comment:

53.(b)(9): No evidence by CCFFH of written consent or acknowledgment of use of camera/monitor in room by client #1 or client's responsible party.



Compliance Manager

Primary Care Giver



Date

Date