

# Foster Family Home - Deficiency Report

Provider ID: 1-594665

Home Name: Connie Felipe, CNA

Review ID: 1-594665-15

91-871 Halalii Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 4/19/2024

## 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 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 4/19/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## 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#3.

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

41.(a)(2) Be a NA, an LPN, or RN;

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).

Comment:

41.a.2. CG#2 have an expired CNA license on 4/30/2023.

41.b.4 No disclosure form present for CG#3.

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) The CCFFH did not have evidence that fire drills had been conducted by each CG at least once per year. CG#2 did not conduct a fire drill, last fire drill conducted was 9/2022.

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Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. CG#3 did not received the Emergency Preparedness Plan training. NO signature on form.

Foster Family Home

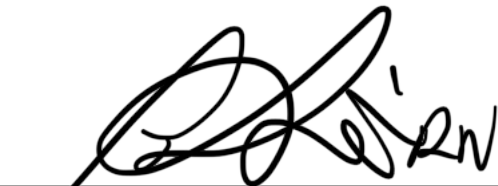
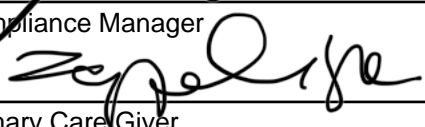
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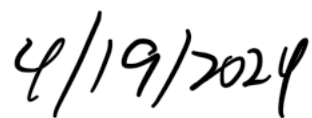
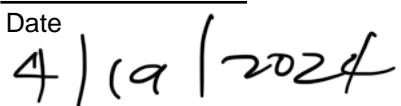
[11-800-54]

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 POA signature for service plan of Client #2.  
No current service plan present for Client# 3. Last one in record is dated 1/16/2023.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date