Foster Family Home - Deficiency Report

Provider ID: 1-560187

Home Name: Dolores Guiao, CNA Review ID: 1-560187-13

91-1050 Kaimalie Street Reviewer: Po Lim

Ewa Beach HI 96706 Begin Date: 2/27/2024

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 2/27/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#3. TB clearance had expired and no new on file.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff
Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the

week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CG#1 (PCG) was absent from the premises and did not sign out on 2/27/2024. CG#4 did not sign in on 2/27/2024.

3 Person Fire Safety, 3 Person Fire Safety (3P) Fire

Natural Disaster

(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 to included each CG at least once per year. CG#2 did not conduct a fire drill in the past 12 months.

Primary Care Giver

Date Date

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