

Foster Family Home - Deficiency Report

Provider ID: 1-230032

Home Name: Guillerma Ibane, CNA

Review ID: 1-230032-4

91-1356 Imelda Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 2/26/2024

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.

Client #1 and Client #2 are missing their form 1147.

Deficiency Report issued during CCFFH inspection via email on 2/26/2024 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;

Comment:

8.a.1. Second Fingerprint check is overdue for CG#4, was due on/before 2/10/2024.

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

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).

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.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

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

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#4. CG#4 TB is missing for records.

41.(b)(8) CCFFH did not have evidence of current First Aid/Bloodborne Pathogen/Infection control training for CG#4. First Aid and BBP/IC is missing from records.

41.g. No basic skills check present in record for CG#2, #3, #4.

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Foster Family Home

Client Care and Services

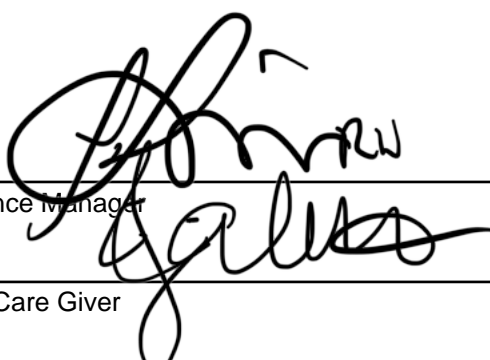
[11-800-43]

43.(c)(3)

Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client # 2 for CG#2, #3, #4.



Compliance Manager

Primary Care Giver

2/26/2024

Date

2/26/24

Date