

Foster Family Home - Deficiency Report

Provider ID: 1-150035

Home Name: Joyce Sharsy, CNA

Review ID: 1-150035-15

87-556 Manuu Street

Reviewer: Po Lim

Waianae HI 96792

Begin Date: 4/12/2024

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.

Client#1 form 1147 is expired on 10/2023.

Deficiency Report issued during CCFFH inspection via email on 4/12/2024 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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.(a)(1)

Second Fingerprint check is overdue for CG#1 was due on/before 12/22/2022, CG#2 was due on/before 9/19/2023, CG#3 was due on/before 4/27/2021, HHM#1 was due on/before 5/13/2020, HHM#3 was due on/before 9/19/2023, and HHM#4 was due on/before 1/24/2024.

8(a)(2) APS/CAN checks were overdue for HHM#1.

APS/CAN was due on or before 5/13/2020 and is not present in the CCFFH file.

8(c) State Name Check (eCrim) was overdue/lapsed for HHM#1. State Name Check (eCrim) was due on or before 5/13/2020 and was not present in the CCFFH file.

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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 and HHM#2.

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Personnel and Staffing

[11-800-41]

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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.

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

Comment:

41(a)(3) No job experience form present for CG#2 and CG#3.

41.b.4 No up to date disclosure form present for CG#1.

41.b.5 CG#2 and CG#3 does not drive clients. No alternate transportation plan present in record.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG# 1, #2, and #3.

CG#1 requires 12 hours of in-service training, but had only ZERO hours attended in 2023.

CG#2 requires 12 hours of in-service training, but had only 4 hours attended in 2023.

CG#3 requires 12 hours of in-service training, but had only 4 hours attended in 2023.

41.(f)(1) No current in TB clearance for HHM#2, #4, and #6. TB clearance was missing for HHM#2 and #4. TB exclusion not present for HHM# 6.

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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 #1. Entire document were missing.

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Records

[11-800-54]


54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

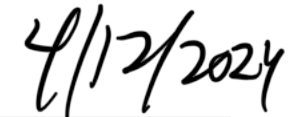
54(c)(2) No current signature of POA for service plan present for Client#3. Last one in record is dated 12/30/2023.




Compliance Manager



Primary Care Giver



Date



Date