

Foster Family Home - Deficiency Report

Provider ID: 1-200077

Home Name: Judy H. Canlas, CNA

Review ID: 1-200077-7

94-534 Hakea Place

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 2/9/2024

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 (inspection date: 2/9/2024).

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;

Comment:

8.(a)(1): No evidence by CCFFH of 2 sets of fingerprints completed for HHM#3. Documents provided by CCFFH show only 1 set of fingerprints completed dated 11/22/2023.

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 HHM#3. No documentation provided by CCFFH.

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

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

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

Comment:

41.(f)(1): No evidence by CCFFH of TB clearance completed in the past 13 months. Document provided by CCFFH of TB clearance dated 11/2022.

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 evidence by CCFFH of RN delegation received by client #2's case management agency for CG#4. No documentation provided by CCFFH.



Compliance Manager



Primary Care Giver



Date



Date