

Foster Family Home - Deficiency Report

Provider ID: 1-130020

Home Name: Junie Sales, CNA

Review ID: 1-130020-15

94-387 Kahuapaa Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 3/12/2024

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 3/12/2024).

Foster Family Home Background Checks [11-800-8]

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

Comment:

8.(a)(2): No evidence by CCFFH of APS/CAN clearance within the past 24 months for CG#1 and HHM#1. Documents provided by CCFFH show last APS/CAN clearance was dated 05/10/2021.

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

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.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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.

Comment:

41.(b)(5): No evidence by CCFFH of documented alternative transportation plan for CG#2. No documents provided by CCFFH. Repeat violation.

41.(b)(8): No evidence by CCFFH of bloodborne pathogen and infection control training completed within the past 12 months for CG#1 and CG#2. Most recent document provided by CCFFH dated 1/14/2023 for CG#1 and CG#2.

41.(b)(8): No evidence by CCFFH of current certification of CPR/AED training for CG#2. Most recent document provided by CCFFH shows certificate expired 1/2024.

41.(c): No evidence by CCFFH of CG#1 completing minimum 12 hours in-service training in 2023. Documents provided by CCFFH show only 8 hours completed.

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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 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) Staff: No evidence by CCFFH of current up to date log of caregiver sign out. Documentation provided by CCFFH dated 3/2020.

Foster Family Home

Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): No evidence by CCFFH of monthly fire drills conducted at CCFFH while clients resided in home. Documents provided by CCFFH show the most recent fire drill was conducted on 10/06/2023. CCG#1 states that last client moved out in 2/2024.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

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

Comment:

(3P)(b)(6) Fire: No evidence by CCFFH of CG#2 conducting at least one fire drill in the past year. No documentation provided by CCFFH.

Foster Family Home

Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3): Common living area cluttered. No clear space on furniture and dining area.

3 Person Physical Environment

3 Person Physical Environment

(3P) Env.

(3P)(b)(2) Env. the room must be adequate for socialization and recreation by the clients

(3P)(c)(2) Env. the room must be adequate for socialization and dining by the clients, preferably with the family

Comment:

(3P)(b)(2) Env: Common living area cluttered. Boxes on top of furniture and unable to sit.

(3P)(c)(2) Env: Dining area table cluttered. Belongings scattered on table and on top of chairs.

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Insurance Requirements

[11-800-51]

51.(a)(1) General;


Comment:

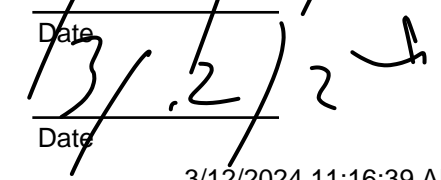
51.(a)(1): No evidence by CCFFH of current general liability insurance. Documents provided by CCFFH show insurance expired on 1/01/2024.



Compliance Manager


Primary Care Giver



Date


Date