

Foster Family Home - Deficiency Report

Provider ID: 1-190028

Home Name: Karen Pasion Britten, CNA

Review ID: 1-190028-12

91-1169 Hoowalea Street

Reviewer: Po Lim

Ewa Beach

HI 96707

Begin Date: 3/14/2024

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 3/14/2024 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 HHM#1, was due on/before 6/9/2023.

8(a)(2) APS/CAN checks were lapsed for GG#3.
APS/CAN was due on or before 6/1/2023 and was completed on 8/1/2023.

8(c) State Name Check (eCrim) was lapsed for CG#3. State Name Check (eCrim) was due on or before 5/11/2023 and was completed on 2/23/2024.

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

41.(a)(2) Be a NA, an LPN, or RN;

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

Comment:

41.a.2. CG#2 have an expired CNA license that expired on 9/30/2023, and no renewed on file.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2. CG#2 TB clearance is missing from file, last TB test dated 2019.

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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) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours CG#4 (NA) worked in a day or week.

Foster Family Home


Client Care and Services

[11-800-43]

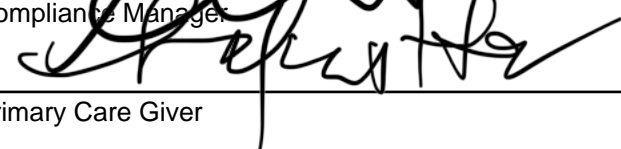
43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:


43.(c)(3) No RN delegation present for Client #1 and Client #2 for CG#2.



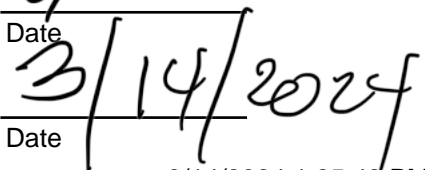
Compliance Manager



Primary Care Giver



Date



Date