Foster Family Home - Deficiency Report							
Provider ID:	1-180039						
Home Name:		yam Inocencio, NA	Review ID:	1-180039- ²	12		
91-656 Kilinahe	Street	-	Reviewer:	Po Lim			
Ewa Beach	ł	HI 96706	Begin Date:	3/21/2024			
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.							
Deficiency Report issued during CCFFH inspection via email on 3.21.2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.							
Foster Family	/ Home	Background Chec	ks		[11-800-8]		
8.(a)(1)	Be subjec	t to criminal history rec	ord checks in acc	cordance with	section 846-2.7, HRS;		
Comment:							
8.(a)(1). Second Fingerprint check is overdue for CG#4 and HHM#5.							
Foster Family	/ Home	Information Confi	dentiality		[11-800-16]		
16.(b)(5)		aining to all employees as and client privacy rig	hts		n the home, on their confidentiality policies and		
Comment:							
16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#4.							
Foster Family	/ Home	Personnel and Sta	affing		[11-800-41]		
41.(b)(8)		umentation of current ti ion, and basic first aid.	raining in blood bo	orne pathoge	n and infection control, cardiopulmonary		
41.(g) Comment:	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.						
	FH did not be	ave evidence of curre	ant CPR/First Ai	d training fo	r CG# 4. It was due on/before 2/28/2023		
41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG# 4. It was due on/before 2/28/2023.							

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

Foster Family Home - Deficiency Report

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:

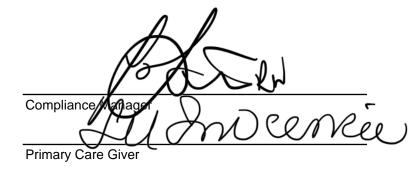
43.(c)(3) No RN delegation present for Client #1 for CG#2 and CG#4.

Foster Family Home Client Rights [11-800-53] 53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs; Comment: F2 h 0 Client he dreament and he there are one of the client's personal needs;

53.b.9 - Client bedrooms and bathrooms are supposed to allow clients to lock them from inside for privacy. There are no locks on the clients's bathroom door to allow clients to lock and unlock them.

Foster Family He	ome Records	[11-800-54]
54.(c)(2)	Client's current individual s	service plan, and when appropriate, a transportation plan approved by the department;
Comment:		

54(c)(2) No current signature and no current service plan present for Client# 1 and Client# 2. Last one in record is dated 6/1/2023 for Client#1 and 7/1/2022 for Client#2.



Date

3/21/2024 3:37:47 PM