

Foster Family Home - Deficiency Report

Provider ID: 1-230036

Home Name: Marsha De La Cruz, RN

Review ID: 1-230036-3

94-410 Hene Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 3/19/2023

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 3/19/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#3 and CG#4.

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

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

41.(g) 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.

Comment:

41.b.4 No disclosure form present for CG#3 and #4.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#4.

41.g. No basic skills check present in record for CG#4 for client #1.

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#4.

Foster Family Home - Deficiency Report

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a) - Last fire drill present in record was documented on 1/15/2024. No fire drill documentation present for 8/2023 thru 12/2023, and 2/2024.

46.(b)(2)- CG# 2, #3, and #4 did not have evidence of conducting a monthly fire drill within the past 12 months.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

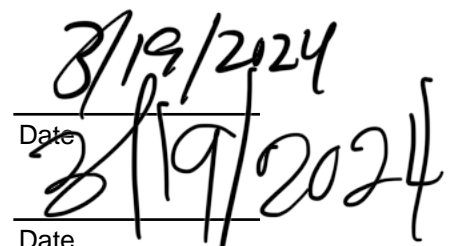
Comment:

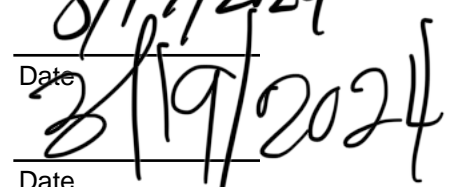
51.(a)(1) - The CCFFH did not have evidence that all CGs are included on the liability insurance policy. CG#2 is not included on the policy.



Compliance Manager


Primary Care Giver



Date


Date