

# Foster Family Home - Deficiency Report

Provider ID: 4-510843

Home Name: Norma Romero, NA

Review ID: 4-510843-14

48 Aoloa Loop

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 4/24/2024

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 annual inspection for 2 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 5/24/24.

42. CCFFH did not have evidence of an 1147 form in the records for client #1 (missing from chart) and for client #2 (1147 on file expired 1/12/23).

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

Comment:

8.(a)(1) - CCFFH did not have evidence that CG# 3 had completed two consecutive sets of Fingerprints. Results on file were from 7/6/22.

8.(a)(1) - CCFFH did not have evidence that a current eCrim report had been completed for CG#4. Results on file expired 4/14/24.

8.(a)(2) - CCFFH did not have evidence that: CG#1 had a current APS/CAN report on file in the CCFFH binder, that CG# 3 had completed two consecutive sets of background checks (APS/CAN). Results on file were from 7/6/22. APS/CAN on file for CG#5 was expired as of 3/25/24.

# Foster Family Home - Deficiency Report

## 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)(5)(C)(i) Have a valid driver's license;
- 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) - CCFFH did not have evidence that a CG disclosure form was completed and on file for CG #3.
- 41.(b)(5)(C)(i) - CCFFH did not have evidence of a current driver's license/state ID for CG#1 (missing from file) and CG#3 (expired 8/10/22)
- 41.(b)(7) - CCFFH did not have evidence of a current TB clearance/TB exclusion for CG#2 (expired 11/25/23) and CG#4 (expired 3/8/23).
- 41.(g) - The CCFFH did not have evidence that CG#5 had been assessed by the department for competency in basic caregiver skills for client #1 and client #2.

## 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) - The CCFFH did not have evidence that CG#% had received RN delegations for client #1 and client #2.

## 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), 46.(b)(2) - The CCFFH did not have evidence that a fire drill had been completed each month for the past 12 months. CCFFH was missing a fire drill record from March 2024. CCFFH did not have evidence that CG#3, CG#4 and CG#5 had conducted a fire drill within the last 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 CG #3 was included on the liability insurance.

# Foster Family Home - Deficiency Report

Foster Family Home

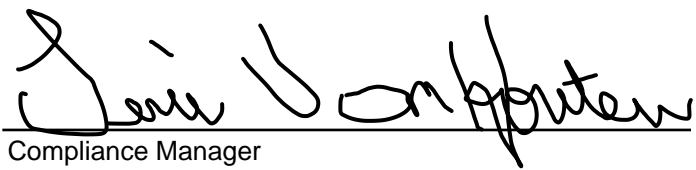
Records

[11-800-54]

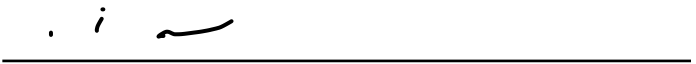
54.(c)(5) Medication schedule checklist;

-----  
Comment:

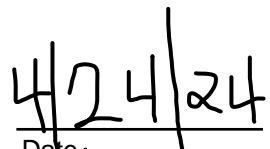
54.(c)(5) - The CCFFH had over-the-counter medications present for client #1 and client #2. No MD order was located in the chart with instructions on giving these over-the-counter medications.

  
\_\_\_\_\_

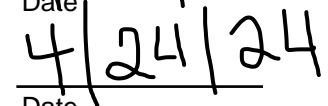
Compliance Manager

  
\_\_\_\_\_

Primary Care Giver

  
\_\_\_\_\_

Date

  
\_\_\_\_\_

Date