

Foster Family Home - Deficiency Report

Provider ID: 1-100103

Home Name: Rasela Mataia, CNA

Review ID: 1-100103-18

96-239 Waiawa Road, Apt. D

Reviewer: Ryan Nakamua

Pearl City HI 96782

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 3/14/2024).

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): Evidence by CCFFH of lapse of criminal background check for CG#2, CG#3, HHM#2, and HHM#3. Documents provided by show background checks for CG#2 due 2/24/2023 and was completed 3/13/2023; CG#3 was due 5/13/2023 and was completed 8/10/2023; HHM#2 was due 4/30/2023 and was completed 5/22/2023; HHM#4 was due 04/24/2022 and was completed 5/12/2023.

8.(a)(1): No evidence by CCFFH of 2 sets of fingerprints within a year for HHM#2 and HHM#4. Documents provided by CCFFH show only one set of fingerprints done dated 05/2023.

8.(a)(2): Evidence by CCFFH of lapse of APS/CAN check for CG#1, CG#2, CG#3, HHM#2 and HHM#4. CG#1 was due 1/12/22 and completed on 2/19/2024; CG#2 was due 4/1/2021 and completed on 5/30/2023. CG#3 was due on 5/26/2023 and completed on 8/25/2023. HHM#2 was due 05/09/2020 and completed on 5/22/2023; HHM#4 was due on 4/01/2023 and completed on 5/12/2023.

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 evidence by CCFFH of confidentiality training completed for CG#2, CG#3, CG#4, HHM#2, and HHM#4. No documentation provided by CCFFH.

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Personnel and Staffing

[11-800-41]

- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
- 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)(7): Evidence by CCFFH of lapse of TB clearance for CG#1, CG#3, HHM#1, and HHM#2. CG#1 due on 3/09/2022 and completed on 5/12/2023. CG#3 due on 3/09/2023 and completed on 5/12/2023. HHM#2 was due on 3/09/2023 and completed on 5/12/2023. HHM#4 due on 3/09/2023 and completed on 5/13/2023.

41.(b)(7): No evidence by CCFFH of current TB clearance for CG#2. TB clearance was due on 5/08/2022 based on the documents provided.

41.(b)(8): No evidence by CCFFH of current CPR/first aide certification for CG#2 and CG#3. Most recent documents provided by CCFFH dated expiration 2/2023 and 3/16/2022 respectively.

41(g): No evidence by CCFFH of basic caregiver skills checked by client #1's case management agency for CG#2, CG#3, and CG#4. No documentation provided.

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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 evidence by CCFFH of RN delegations for CG#2, CG#3, and CG#4 by client #1's case management agency. No documentation provided by CCFFH.

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Physical Environment

[11-800-49]

- 49.(b)(2) Be limited to two clients, both of whom shall consent to the arrangement; and

Comment:

49.(b)(2): No evidence by CCFFH of client #1's written consent to be living in a shared room. Documents provided show that client wishes to have their own private room.

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Records

[11-800-54]

- 54.(c)(8) Personal inventory.

Comment:


54.(c)(8): No evidence by CCFFH of documentation of client #1's personal belongings.



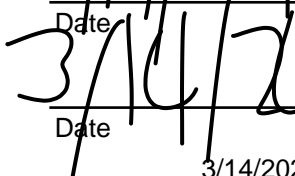
Compliance Manager



Primary Care Giver



Date



Date