

Foster Family Home - Deficiency Report

Provider ID: 1-130035

Home Name: Ricky Mericle, CNA

Review ID: 1-130035-17

91-802 Haiamu Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 4/5/2024

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.

Client #2 was missing form 1147.

Deficiency Report issued during CCFFH inspection via email on 4/5/2024 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)(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)(2) APS/CAN checks were overdue for CG#1, CG#2, CG#3, and HHM# 3. APS/CAN was due on or before 3/22/2024.

8(c) State Name Check (eCrim) was overdue for CG#1, CG#2, CG#3, and HHM# 3. State Name Check (eCrim) was due on or before 3/14/2024.

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. Missing sign out sheet.

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Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54(c)(2) No current signature of POA/client for current service plan present for Client#1.



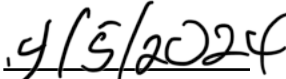
Compliance Manager



Date



Primary Care Giver



Date