

Foster Family Home - Deficiency Report

Provider ID: 1-170033

Home Name: Rowena Cabello, CNA

Review ID: 1-170033-13

91-1063 Kauiki Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 3/25/2024

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 3/25/2024 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)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

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

41.(b)(8) CCFFH did not have evidence of current First Aid for CG#2 and CG#3. Both are missing First Aid.

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) - No fire drill documentation from May 2022 through November 2023.

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

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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#4 is not included on the policy.

Foster Family Home


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 service plan present for Client#1. Last one in record is dated 8/5/2023. Also no signatures from the POA/client were on the service plans.



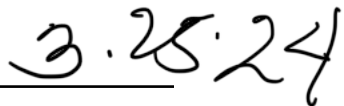
Compliance Manager



Primary Care Giver



Date



Date