Foster Family Home - Deficiency Report

Provider ID: 1-561391

Home Name: Susan Intong, CNA Review ID: 1-561391-16

91-750 Oneula Place Reviewer: Po Lim
Ewa Beach HI 96706 Begin Date: 4/9/2024

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.

Deficiency Report issued during CCFFH inspection via email on 4/9/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family H	lome Background Checks	[11-800-8]
8.(a)(1)	Be subject to criminal history record checks in accordance	e 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) Second Fingerprint check is overdue for CG#3 and CG#4 was due on/before 05/04/2016

8(a)(2) APS/CAN checks were overdue CG#3, CG#4, HHM#3.

APS/CAN was due on or before 4/1/2024 and were not present in the CCFFH file.

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

41.(b)(5)(C)(i) Have a valid driver's license;

Comment:

41.b.5.c.ii. CG#3 have an expired license/ID.

3 Person Staffing 3 Pe	erson 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. CTA Compliance manager was unable to verify the number of hours CG# 3 (NA) worked in a day or week.

Foster Family Home - Deficiency Report

3 Person Fire S Natural Disaste		3 Person Fire Safety	(3P) Fire	
Natural Disaste	1			
(3P)(b)(1) Fire	shall be co	onducted monthly		
(3P)(b)(2) Fire	shall be h	eld at different times of the day, eve	ening, and night	
(3P)(b)(4) Fire	shall inclu	de testing of smoke detectors		
(3P)(b)(6) Fire	shall inclu	de all SCGs at least once per year		

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

CCFFH is missing entire records of fired drills. Unable to confirm if drill are performed.

Foster Family I	Home Quality Assurance	[11-800-50]	
50.(a)		ency management policies and procedures for eme	ergency
Comment:	situations that may affect the client, such as but r	ot limited to:	

50.(a) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. Policy is missing from CCFFH.

Foster Family H	ome Records	[11-800-54]
54.(c)(2)	Client's current individual service plan, and when appropriate,	a transportation plan approved by the department;
54.(c)(5)	Medication schedule checklist;	
Comment:		

54(c)(2) No current service plan present for Client# 2. Last one in record is dated 2/7/2023.

54(c)(5) No MAR present for April 2024 for Client# 3.

Client #2 MAR was not documented daily. Sheet not completed from 4/3/24 to 4/9/24.

Compliance Manager

Primary Care Giver

7/9/2024 Date 4/9/24