Foster Family Home - Deficiency Report

Provider ID: **1-220063**

Home Name: **Annabelle Pascua, CNA**   **Review ID:**   **1-220063-5**

91-1275 Hoopio Street   Reviewer: Ryan Nakamua

Ewa Beach   HI   96706   Begin Date: 5/10/2024

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: 5/10/2023).

6.(d)(1): No documentation provided by CCFFH of current 1147 assessment for client #1.

CCFFH requests to increase from 2 to 3 beds.

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

41.(b)(5)(A)   When the caregiver does not have a valid driver's license, does not have access to an insured vehicle, or both, a written alternative transportation plan shall be submitted to the department for approval;

41.(b)(8)   Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(e)   The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(b)(5))(A): No documentation provided by CCFFH of alternate transportation plan for CG#3.

41.(b)(8): No documentation provided by CCFFH of current first aid training certificate for CG#1. Due by 5/5/2024.

41.(e): CCFFH Applying to increase to 3 bed capacity. CG#2 and CG#3 approved to substitute caregive only for 2 bed CCFFH.

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): No RN delegation given for suppository administration by client #1 and client #2's case management agency.

_____   5/10/24
Compliance Manager   Date

_____   5/10/24
Primary Care Giver   Date