

Foster Family Home - Deficiency Report

Provider ID: 1-511114

Home Name: Charlyne Menor, LPN

Review ID: 1-511114-16

1428 Kaumoli Place

Reviewer: Sharon Edmondson

Pearl City HI 96782

Begin Date: 6/10/2024

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 annual inspection completed on 06/10/24. Deficiencies found during visit.
POC due to CTA 07/12/24

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) HHM #3 and #4 have resided in the CCFFH for over thirty (30) days. No finger prints in record.
8.(a)(2) CG#3 APS/ CAN Was due 05/10/24. HHM #3 and #4 have resided in the CCFFH for over thirty (30) days. No APS/CAN in record.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(4) CG#1 has not updated the disclosure form adding HHM# 3-7 who have resided in the CCFFH for over thirty (30) days.

41.(b)(5)(C)(i) CG#3 ID expired 05/06/2023

41.(b)(7) CG#1 TB was due 12/2023. CG#3 TB was due 11/19/2023. HHM #3,4,5,6, and 7 no TB in record.

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) Staff The CCFFH did not have a sign in sign out sheet in record since last review 06/2023.

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Records

[11-800-54]


54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) #1 RN monthly visits missing 07/23, 11/23, 01/24 visits.



Compliance Manager



Primary Care Giver

06/14/2014

Date

June 14, 2024

Date