

Foster Family Home - Deficiency Report

Provider ID: 1-130028

Home Name: Elsa Atis, CNA

Review ID: 1-130028-19

91-1047 Kuhina Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 7/1/2024

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 has an expired Form 1147. Expired on 3/1/2023 and no new on file.

Deficiency Report issued during CCFFH inspection via email on 7/1/2024 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)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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)(1) Second Fingerprint check were missing for CG#1, CG#2, and CG#3.

8.(c) State Name Check (eCrim) for CG#1 and CG#2 were missing previous reports. Unable to determine continuity of current eCrim reports.

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#4.

Foster Family Home - Deficiency Report

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)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
- 41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.
- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.b.4 No disclosure form present for CG#4.

41.(b)(7) CCFFH did not have evidence of current TB clearance for CG# 4. CG# 4 TB clearance expired, was due on/before 8/24/2023. No new on file.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG# 4. It was due on/before 1/6/2024.

CG# 1, CG#2, and CG#3 lapsed on their Bloodborne Pathogen Training.

CCG#1 was due on 3/10/2024, but completed on 6/1/2024.

CCG#2 was due on 1/8/2024, but completed on 1/14/2024.

CCG#3 was due on 5/4/2024, but completed on 6/4/2024.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG# 1. CG# 1 requires 12 hours of in-service training, but had only 11 hours attended in 2023.

41.(f)(1) No current TB clearance for HHM#2. TB clearance was due on or before 6/8/2021.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) The CCFFH did not have evidence that fire drills had been conducted monthly to included each CG at least once per year. CG#4 did not conduct a fire drill in the past 12 months.

Foster Family Home

Quality Assurance


[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. CG#4 did not receive the training and sign the acknowledgement form.


Compliance Manager


Primary Care Giver


Date


Date