Foster Family Home - Deficiency Report

Provider ID: 1-110051

Home Name: Emily Rivera, CNA Review ID: 1-110051-20

1917 Hanu Lane Reviewer: Ryan Nakamura

Honolulu HI 96819 Begin Date: 6/28/2024

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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 6/28/2024).

6.(d)(1): No documentation provided by CCFFH of current 1147 assessment for client #2.

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;

Comment:

8.(a)(1): No documentation of current ecrim check for CG#3. Ecrim was due by 11/17/2023.

8.(a)(2): No documentation of current APS/CAN clearance for CG#3. APS/CAN clearance was due by 12/03/2021.

8.(a)(2): Evidence of lapse of APS/CAN clearance for CG#1. APS/CAN clearance was due by 10/20/2023 and completed on 01/07/2024.

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and

caregiver's current records with the current service plan.

Comment:

41.(g): No documentation of basic caregiver skills were checked by client #2's case management agency for CG#2 and CG#4

CG#4.		
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 documentation of RN delegation given to CG#2 and CG#4 by client #2's case management agency.

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3 Person Physic	cal	3 Person Physical Environr	nent	(3P) Env.		
(3P)(b)(2) Env.	the room r	m must be adequate for socialization and recreation by the clients				
(3P)(b)(3) Env.	(3P)(b)(3) Env. the room must have adequate furnishings, e.g., lamps and chairs					
Comment:						
(3P)(b)(2)(3) Env: No common living area present in CCFFH. Previous common living area is currently being used as a sleeping area and office for CG#1.						
Foster Family H	lome	Records		[11-800-54]		
54.(c)(2) Comment:	Client's cu	ırrent individual service plan, and	when appropriate, a	transportation plan approved by the department;		

54.(c)(2): No documentation provided by CCFFH of current service plans for client #1 and client #2.

Compliance Manager

Primary Care Giver

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