

Foster Family Home - Deficiency Report

Provider ID: 1-512419

Home Name: Filma Benigno, CNA

Review ID: 1-512419-17

94-302 Hilihua Way

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 5/30/2024

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: 5/31/2024).

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): No documentation of fingerprint clearance for 2 undisclosed household members living in upstairs unit.

8.(a)(1): No documentation of current criminal background checks for CG#1, CG#2, and HHM#2. documents due by 2/27/2024 for CG#1 and HHM#1 and 11/27/2023 for CG#2.

8.(a)(2): No documentation of current APS/CAN clearance for CG#1, CG#2, HHM#1 and 2 undisclosed household members. documents were due by 3/16/2024 for CG#1 and HHM#1 and 3/1/2024 for CG#2.

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 documentation of confidentiality training completed for HHM#1 and undisclosed household members.

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.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:
- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(4): No documentation provided by CCFFH of current amount of household members. CCFFH unaware to disclose upstairs unit as part of household members due to stairway inside of CCFFH.

41.(b)(7): No documentation provided by CCFFH of current TB clearance for CG#1 and CG#2. Documents were due by 4/04/2024 for CG#1 and 4/30/2024 for CG#2.

41.(b)(8): No documentation of current first aid/CPR for CG#2. Documents were due by 11/27/2023.

41.(b)(8): No documentation provided by CCFFH of current bloodborne pathogen and infection control training for CG#1 and CG#2. Documents were due by 1/08/2024 for CG#1 and 10/15/2023 for CG#2.

41.(f)(1): No documentation of current TB clearance for HHM#1 and 2 undisclosed household members. TB clearance was due by 4/04/2024 for HHM#1.

Foster Family Home

Fire Safety

[11-800-46]

- 46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): No documentation of fire drills conducted during 9/2023 to 12/2023.

Foster Family Home

Insurance Requirements

[11-800-51]

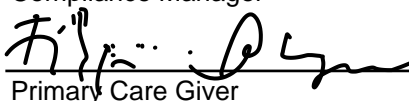
- 51.(a)(1) General;

Comment:

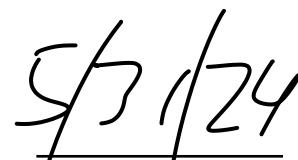
51.(a)(1): No documentation of current general liability insurance. Document provided shows insurance expired on 11/30/2023.



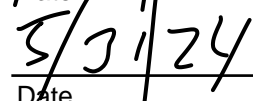
Compliance Manager



Primary Care Giver



Date



Date