

# Foster Family Home - Deficiency Report

**Provider ID:** 1-190081

**Home Name:** Jesica Hinojosa, CNA

**Review ID:** 1-190081-11

1705 Maliu Street

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 6/4/2024

## 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 2 bed re-certification inspection.

Client#2 is missing Form 1147.

Deficiency Report issued during CCFFH inspection via email on 6/4/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

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.

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2. CG# 2 TB clearance expired, was due on/before 3/29/2024.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#1 and CG#2. It was due on/before 2/1/2024 and was completed on 2/19/2024.

## 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) - Last fire drill present in record was documented on 7/13/2023. No fire drill documentation present for August 2023 through May 2024.

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Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54(c)(2) No current signatures for service plan present for Client# 2.

54(c)(5) No MAR present for June 2024 for Client#2.

54(c)(6) No ADL flow sheet present for Client# 1 for June 2024. Missing ADL for Client #2 for June.

Compliance Manager

Primary Care Giver

Date

Date