

Foster Family Home - Deficiency Report

Provider ID: 1-170052

Home Name: Juliet Carino, NA

Review ID: 1-170052-14

76 Laimi Road

Reviewer: Po Lim

Honolulu

HI 96817

Begin Date: 6/7/2024

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 #1 is missing Form 1147.

Deficiency Report issued during CCFFH inspection via email on 6/7/2024 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)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8(a)(2) APS/CAN checks were overdue/lapsed for CG#1 and CG#5.

CG#1 APS/CAN was due on or before 8/22/2022.

CG#5 had lapsed APS/CAN was due on or before 6/15/2023 and was completed on 5/28/2024.

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

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.

Comment:

41.(b)(8) CCFFH did not have evidence of current BloodBorne Pathogen/Infection control training for CG#2 and CG#3.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#2 and CG#3. CG#3 requires 8 hours of in-service training, but had only 7 hours attended in 2023. No annual in-service training hours for CG#2 for 2023 present in record. CG#2 was required to have 8 hours in 2023.

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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;


Comment:

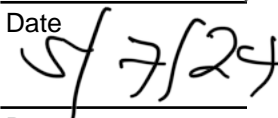
54(c)(2) No current signature of POA for service plan present for Client#1 and #2.



Compliance Manager


Primary Care Giver



Date


Date