

Foster Family Home - Deficiency Report

Provider ID: 1-220045

Home Name: Mannycel Dela Cruz, CNA

Review ID: 1-220045-6

94-409 Kipou Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 5/1/2024

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.

CCFFH is applying for increase from 2 beds to 3 beds.

Deficiency Report issued during CCFFH inspection via email on 5/1/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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#3.

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

41.(a)(2) Be a NA, an LPN, or RN;

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41(a)(2) CG#2, CG#3, and CG#5 are not approved to work in a 3 beds CCFFH.

41(a)(3) No job experience form present for CG#2, CG#3, and CG#5.

41(b)(4) No disclosure form for CG#2 and CG#3.

41.(b)(8) CCFFH did not have evidence of current First Aid training for CG#3. It was missing from file.

Compliance Manager

Primary Care Giver

Date

Date