

Foster Family Home - Deficiency Report

Provider ID: 1-230060

Home Name: Marieliese Cinco, RN

Review ID: 1-230060-3

94-735 Kuhaulua Place

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 5/9/2024

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 5/09/2024).

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

Foster Family Home	Information Confidentiality	[11-800-16]
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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 provided by CCFFH of confidentiality training completed for CG#10.

Foster Family Home - Deficiency Report

Foster Family Home

Personnel and Staffing

[11-800-41]

- 41.(a)(1) Reside in the community care foster family home;
- 41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.
- 41.(b)(5)(A) When the caregiver does not have a valid driver's license, does not have access to an insured vehicle, or both, a written alternative transportation plan shall be submitted to the department for approval;
- 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.(a)(1): Unable to determine CG#1 resides at CCFFH. Caregiver on duty stated to CTA that PCG "lives in another home" and does not know who lives in occupied bedroom. PCG arrived and states that she lives at CCFFH and occupied room is PCG's. If PCG does not live in CCFFH, PCG must move into CCFFH within 7 days. PCG must provide proof that CG#1 lives at CCFFH within 8th day after inspection. If PCG does not intend to live there the certificate will be recommended to DOH for revocation.

41.(b)(5): No documentation provided by CCFFH of current auto insurance that covers minimum protection of \$100,000 bodily injury per person and \$30,000 property damage.

41.(b)(5)(A): No documentation of alternative transportation plan for CG#4, CG#5, CG#8, CG#9, and CG#10.

41.(b)(8): No documentation provided by CCFFH of current bloodborne pathogen and infection control training for CG#4, CG#5, CG#9, and CG#10.

41.(b)(8): No documentation provided by CCFFH of current CPR/First aid training completed for CG#9.

41.(c): No documentation provided by CCFFH of minimum 12 hours annual in-service training for CG#1 and 8 hours in 2023 for CG#6, CG#7, CG#8, CG#9, and CG#10.

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Client Rights

[11-800-53]

- 53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): No curtain provided for privacy in client #1's bedroom separating client's bathroom that is located in client's bedroom.

Foster Family Home


Records

[11-800-54]

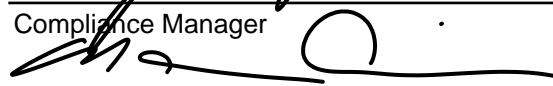
- 54.(b)(1) Permit effective professional review by the case management agency, and the department; and

Comment:

54.(b)(1): CTA receiving conflicting information from caregivers and unable to determine household members that reside at CCFFH.



Compliance Manager



Primary Care Giver

5/9/24

Date

5/9/24

Date