

Foster Family Home - Deficiency Report

Provider ID: 1-587751

Home Name: Melanie Jovenal, CNA

Review ID: 1-587751-14

91-1043 Kailoa Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 5/31/2024

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 visit made for a 3 bed annual inspection.

Client #1 is missing Form 1147.

Client #2 and Client #3 are missing the Form 1147.

Deficiency Report issued during CCFFH inspection via email on 5/31/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Background Checks	[11-800-8]
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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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.(a)(1) Fingerprint was not completed for HHM#2 and HHM#3.

8(a)(2) APS/CAN checks were overdue/lapsed for CG# 2 and CG#4.
APS/CAN was due on or before 3/16/2024 and were not present in the CCFFH file.

8(c) State Name Check (eCrim) was overdue for CG#1, CG#2, and CG#4. State Name Check (eCrim) was due on or before 3/16/2024 and were not present in the CCFFH file.

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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
- 41.(f)(2) Background checks
- 41.(i) The primary caregiver shall notify the department of any dependent household members or changes in household composition.

Comment:

41.b.4 No current disclosure form present for CG#1. 2 adult HHMs are not listed and have live at this CCFFH for two years or more.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#3, HHM#2 and HHM#3. CG# 3 TB clearance lapsed, was due on/before 2/15/2024 and was not in the file.

41.(f) Two undisclosed adult HHMs does not have files in the CCFFH records.

41.(f)(1) No current TB clearance for HHM#2 and HHM#3. TB clearance was never completed for the two undisclosed HHMs.

41.(f)(2) No current background checks for HHM#2 and HHM#3. Background checks was never completed for the two undisclosed HHMs.

41.(i) CCFFH did not notified nor disclosed the two adults HHMs that were living in the CCFFH.

Foster Family Home

Records

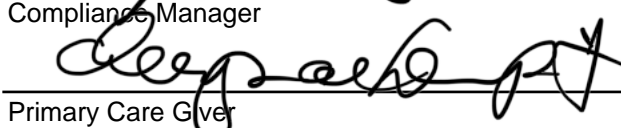
[11-800-54]

- 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 service plan present for Client# 1. Last one in record is dated 10/26/2023.
No current service plan present for Client# 2. Last one in record is dated 3/25/2023.
No current signatures of POA/clients for service plan present for Client# 3.


Compliance Manager


Primary Care Giver


Date


Date