

# Foster Family Home - Deficiency Report

Provider ID: 5-190064

Home Name: Shla C. Perpose, CNA

Review ID: 5-190064-11

3593 Uwao Street

Reviewer: Maribel Nakamine

Hanapepe

HI 96716

Begin Date: 5/8/2024

## 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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 5/8/24).

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

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

Comment:

8.(a)(1), (2)- HHM#1 without the 1st and 2nd set of APS/CAN/Fingerprint results present. HHM#2 without the 2nd set of APS/CAN/Fingerprint results present.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#2 without any results of TB clearance.

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P) (b)(2) Staff- Sign Out/In Sheet for the past 12 months were without the names & signatures of the substitute caregivers.

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegations present for CG#3 in Client #1, Client #2, and Client #3's charts/records.

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**3 Person Fire Safety,  
Natural Disaster**

**3 Person Fire Safety**

**(3P) Fire**

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- CG#3 without evidence of having conducted a monthly fire drill for the past 12 months.

**Foster Family Home**

**Medication and Nutrition**

**[11-800-47]**

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d), (d)(1), (d)(2)- No MD order present and not addressed in Client #2's Service Plan for a wheelchair and a bedside table being used as restraints (tied in front of client's siderails).

**Foster Family Home**

**Quality Assurance**

**[11-800-50]**


50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#3 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

 5/8/24  
\_\_\_\_\_  
Date

5/8/24  
\_\_\_\_\_  
Date