

# Foster Family Home - Deficiency Report

Provider ID: 1-200030

Home Name: Wilfreda Molina, NA

Review ID: 1-200030-12

94-405 Kuahui Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 6/28/2024

## 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.

Deficiency Report issued during CCFFH inspection via email on 6/28/2024 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)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) Second Fingerprint check is overdue for CG#3 and HHM#1. Both were due second fingerprints on or before 7/25/2023.

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

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.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1, CG#2, and CG#3. CG#1 requires 12 hours of in-service training, but had only zero hours attended in 2023. No annual in-service training hours for CG#2 and CG#3 for 2023 present in record. CG#2 and CG#3 were required to have 8 hours in 2023.

41.(f)(1) Lapse in TB clearance for HHM#1. TB clearance was due on or before 8/11/2023 and was completed 6/24/2024.

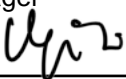
## Foster Family Home Records [11-800-54]

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54(c)(6) ADL flowsheet was not documented daily for Client #1. Sheet not completed from 6/25/2024 to 6/27/2024.

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

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

6/28/2024

Date

6/28/2024

Date