

Foster Family Home - Deficiency Report

Provider ID: 1-190002

Home Name: David Drig, NA

Review ID: 1-190002-14

1601 Ala Napunani Street

Reviewer: Ryan Nakamura

Honolulu

HI 96818

Begin Date: 8/5/2024

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 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. Report sent via email

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): No documentation provided by CCFFH of 2nd set of fingerprint for HHM#2. 2nd set of fingerprint was due by 10/26/2023.

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

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

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(7): No documentation provided by CCFFH of current TB clearance for CG#4. Last documented TB clearance was 1/19/2023.

41.(b)(8): No documentation provided by CCFFH of current first aid/CPR training for CG#3. First aid/CPR training was due by 9/30/2023.

41.(g): No evidence provided by CCFFH of basic caregiver skills were reviewed by client #1's case management agency for CG#4.

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 evidence by CCFFH of RN delegation by client #1's case management agency present for CG#4.

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Foster Family Home

Fire Safety

[11-800-46]

46.(a)

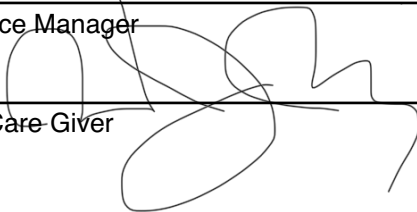
The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

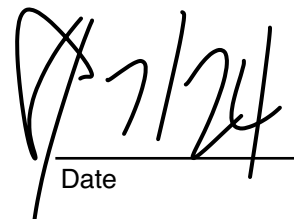
46.(a): No evidence by CCFH of CG#3 and CG#4 conducting a fire drill in the past 12 months.



Compliance Manager



Primary Care Giver



Date

08/09/2024
Date