

Foster Family Home - Deficiency Report

Provider ID: 1-230068

Home Name: Jocelyn E. Mendoza, NA

Review ID: 1-230068-3

91-848 Keena Place

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 6/19/2024

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.

Client #1 and #2 are missing their Form 1147.

Deficiency Report issued during CCFFH inspection via email on 6/19/2024 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:

Second Fingerprint check is overdue for CG#3, was due on/before 12/4/2023.

Foster Family Home Information Confidentiality [11-800-16]

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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG #2, #4, #5, #6, #7, and #8.

Foster Family Home - Deficiency Report

Foster Family Home

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)(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)(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.(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.(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.4 No disclosure form present for CG #3, #4, #5, #6, #7, and #8.

41.b.5 CG#4 does not ID/License

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG# 3 and CG#4. CG#3 and CG#4 TB form is not signed by a provider.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid/ BBP training for CG# 1, CG#3, and CG#6. CG#1 is missing First Aid. CG #6 is missing CPR/AED/First Aid. CG#3 is missing Bloodborne Pathogen training.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#2. CG#2 requires 8 hours of in-service training, but had only ZERO hours attended in 2023.

41.g. No basic skills check present in record for Client #1 for CG#2, 3, 4, 5, 6, and 7.
No basic skills check present in record for Client #2 for CG#2, 4, 6, 7, and 8.

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 delegation present for Client #1 for CG#2, 3, 4, 5, 6, and 7.
No RN delegation present for Client #2 for CG#2, 3, 4, and 7.

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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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a) - CCFFH have not conducted a fire drill in the past 12 months.

46.(b)(2)- All CGs not have evidence of conducting a monthly fire drill within the past 12 months.

Foster Family Home


Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

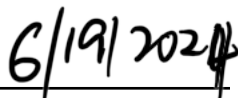
51.(a)(1) - The CCFFH did not have evidence that all CGs are included on the liability insurance policy. CG# 3, 4, 5, 6, 7, and 8 are not included on the policy.



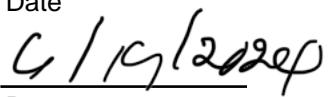
Compliance Manager



Primary Care Giver



Date



Date