

Foster Family Home - Deficiency Report

Provider ID: 1-210080

Home Name: Juliet Calantoc, NA

Review ID: 1-210080-8

1108 Kukila Place

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 (inspection date: 8/5/2024).

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 evidence by CCFFH of confidentiality training completed for CG#6 and CG#7.

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)(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): discrepancy noted on CG#1 disclosure form regarding household composition. Disclosure states 3 household members live at CCFFH.

41.(b)(8): No documentation provided by CCFFH of current bloodborne pathogen and infection control training for CG#6 and CG#7.

41.(b)(8): Evidence of lapse of first aid/CPR training for CG#1. Due by 12/1/2023 and completed on 7/19/2024.

41.(c): No documentation provided by CCFFH of minimum 12 hours of annual in-service training for CG#1 in 2023. 4 hours documented were provided.

41.(g): No documentation provided by CCFFH of basic caregiver skills checked for CG#7 by client #1 and client #2's case management agency.

Foster Family Home - Deficiency Report

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): No documentation provided by CCFFH of CG#7 receiving RN delegations from client #1 and client #2's case management agency.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1)

General;

Comment:

51.(a): No documentation of all caregivers are included in CCFFH's general liability insurance policy. CG#6 not included in current policy provided.

Foster Family Home

Records

[11-800-54]

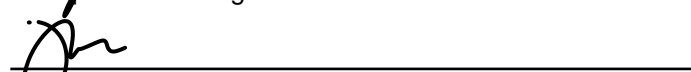
54.(c)(2)

Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2): CTA unable to verify services provided with services addressed in client #1 and client #2's service plan. No documentation of any service plan was provided for both clients.



Compliance Manager

Primary Care Giver

Date


Date