

Foster Family Home - Deficiency Report

Provider ID: 1-210087

Home Name: Marnellie Gabriel, NA

Review ID: 1-210087-7

1916 Kealoha Street

Reviewer: Ryan Nakamura

Honolulu

HI 96819

Begin Date: 8/2/2024

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: 8/2/2024).

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): No evidence of any sets of fingerprint background checks for HHM#5 provided by CCFFH.

8.(a)(2): No evidence of current APS/CAN clearance for CG#1 and HHM#5 provided by CCFFH. APS/CAN clearance was due by 7/21/2023. No documentation provided for HHM#5.

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 documentation provided by CCFFH of HHM#5 receiving confidentiality training.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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- 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.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

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

Comment:

- 41.(b)(5): No documentation provided by CCFFH of alternate transport plan for all caregivers or current car insurance that covers minimum required coverage of \$100,000 bodily injury damage per person and \$30,000 property damage.
- 41.(b)(7): No evidence provided by CCFFH of current TB clearance for CG#5 within the past 13 months.
- 41.(b)(8): No evidence by CCFFH of completion of blood borne pathogen and infection control training in the past 12 months for all caregivers.
- 41.(e): CCFFH disclosed that CG#5 is designated as a substitute caregiver. CG#5 not approved to be a substitute caregiver by CTA.
- 41.(f): No documentation provided by CCFFH of TB clearance for HHM minor.
- 41.(c): No evidence provided by CCFFH of all caregivers completing minimum annual in-service training hours in 2023. No hours of completion was provided for all caregivers.

Foster Family Home	Insurance Requirements	[11-800-51]
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- 51.(a)(1) General;

Comment:

- 51.(a)(1): No documentation provided by CCFFH of current general liability insurance for all caregivers. Documents provided by CCFFH expired 1/1/2023.

Foster Family Home	Fiscal Requirements	[11-800-52]
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- 52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

- 52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

- 52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

- 52.(a)(b)(c): No documentation provided by CCFFH of current financial resources (monthly budget or bank statement).

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Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

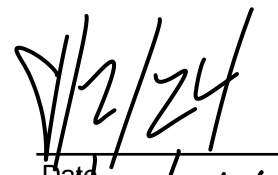
53.(b)(15): No documentation of CCFFH's visiting hour policy.



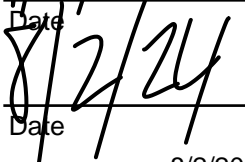
Compliance Manager



Primary Care Giver



Date



Date