

Foster Family Home - Deficiency Report

Provider ID: 1-636087

Home Name: Mary Jane Ritumban, CNA

Review ID: 1-636087-19

91-102 Pahau Place

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 6/26/2024

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 6/26/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(a)(2) APS/CAN checks were overdue for CG#3.
APS/CAN was due on or before 3/16/2024 and is not present in the CCFFH file.

8(c) State Name Check (eCrim) was lapsed for CG#1 and CG#3.
CG#1 State Name Check (eCrim) was due on or before 1/1/2023 and was completed on 5/15/2024.
CG#3 State Name Check (eCrim) was due on or before 3/2/2024 and was completed on 5/15/2024.

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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.(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.

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance for CG#1, CG#2, and CG#4. CG#1 was due on/before 12/23/2023, and was not on file. CG#2 was due on/before 3/30/2023, and was not on file. CG#4 was due on/before 2/2/2024, and was not on file.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#1, CG#2, CG#3, and CG#4. CG#1 BBP expired on 1/5/2024, CG#2 BBP expired on 3/11/2024, CG#3 BBP expired on 12/5/2023, and CG#4 BBP expired on 1/5/2024. No new on file for all CGs.

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 12 hours of in-service training, but had only 4 hours attended in 2023.

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

- (3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours CG# 3(NA) worked in a day or week.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

- (3P)(b)(1) Fire shall be conducted monthly

- (3P)(b)(2) Fire shall be held at different times of the day, evening, and night

- (3P)(b)(4) Fire shall include testing of smoke detectors

- (3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year. Last fire drill conduct was on 4/20/2023. All Caregivers did not conduct a fire drill in the past 12 months.

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Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;


Comment:

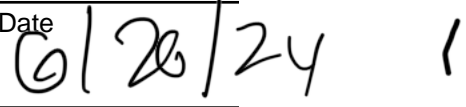
54(c)(2) No current POA/OPG signature for service plan present for Client# 1.



Compliance Manager

Primary Care Giver



Date


Date