

Foster Family Home - Deficiency Report

Provider ID: 1-200068

Home Name: Maryvic Dumlao, NA

Review ID: 1-200068-9

98-878 Olena Street

Reviewer: Ryan Nakamura

Aiea HI 96701

Begin Date: 8/20/2024

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: 8/20/2024).

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;

Comment:

8.(a)(1): No evidence of second set of fingerprint background check in consecutive years for CG#7 and CG#9. CG#7's second fingerprint check was due by 7/07/2024 and CG#9's second fingerprint check was due by 1/6/2024.

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.(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 documentation by CCFFH of CG#6 completed a caregiver disclosure form.

41.(b)(8): Evidence of lapse of completion first aid/CPR training for CG#1. First aid/CPR training was due by 2/5/2024 and was completed on 3/23/2024.

41.(b)(8): No evidence provided by CCFFH of CG#2 and CG#7 completed a bloodborne pathogen/infection control training approved by CTA within the past 12 months.

41.(g): No evidence provided by CCFFH of basic caregiver skills were checked by client #1's case management agency for CG#3, CG#4, and CG#5.

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 any RN delegations given by client #1's case management agency to CG#3, CG#4, and CG#5.

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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): Monthly fire drills were not conducted at different times of the day, evening, and night. All fire drills were conducted in the morning.

46.(b)(2): No evidence by CCFFH that CG#5, CG#6, CG#7, CG#8, and CG#9 did not conduct at least once fire drill in the past 12 months.

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Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1): No evidence provided by CCFFH of CG#3, CG#4, and CG#5 are included in CCFFH's current general liability insurance.

Foster Family Home

Records

[11-800-54]

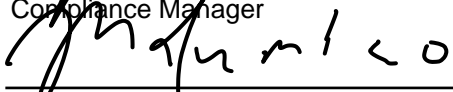
54.(c)(5) Medication schedule checklist;

Comment:

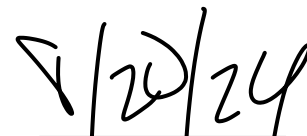
54.(c)(5): No documentation provided of daily medication administration of routine medications for client #1 in the month of 8/2024.



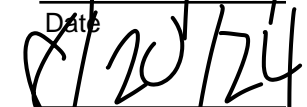
Compliance Manager



Primary Care Giver



Date



Date