

Foster Family Home - Deficiency Report

Provider ID: 1-180073

Home Name: Medy Madrid Simmons, NA

Review ID: 1-180073-13

86-365 Kawaii Street

Reviewer: Po Lim

Waianae

HI 96792

Begin Date: 7/22/2024

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 is missing FORM 1147.

Deficiency Report issued during CCFFH inspection via email on 7/22/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Background Checks [11-800-8]

8.(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(c) State Name Check (eCrim) was missing for CG# 2. State Name Check (eCrim) was due on or before 10/21/2023 and is not present in the CCFFH file.

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.(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.4 No current disclosure form present for CG# 1.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1. CG# 1 requires 12 hours of in-service training, but had only 9 hours attended in 2023.

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)(3) No RN delegation present for Client #2 for CG# 2 for injection medication.

Foster Family Home


Records

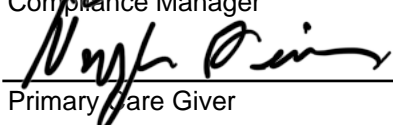
[11-800-54]

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

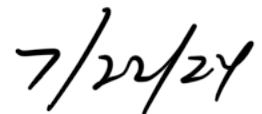
Comment:

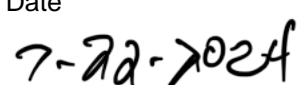
54(c)(2) No current service plan present for Client# 1. Last one in record is dated 04/30/2023.



Compliance Manager


Primary Care Giver



Date


Date