Foster Family Home - Deficiency Report

[11-800-6]

Home Name:	Mila D. Pasamonte, CNA		Review ID:	1-210077-8
1653 Ulueo Stre	et		Reviewer:	Po Lim
Kailua	HI	96734	Begin Date:	8/2/2024

Foster Family Home Required Certificate

Comply with all applicable requirements in this chapter; and 6.(d)(1)

Comment:

Provider ID:

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

Client#1 is missing Form 1147. Client#3 has an expired Form 1147.

1-210077

Deficiency Report issued during CCFFH inspection via email on 8/2/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family H	lome	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. Second Fingerprint check is overdue for CG#3 was due on/before 4/13/2024.

Foster Family	Home	Personnel and Staffing	[11-800-41]	
41.(b)(8) Comment:		ocumentation of current training in blood b ation, and basic first aid.	oorne pathogen and infection control, cardiop	ulmonary
41.(b)(8) CCFFI	H did not	have evidence of current First Aid trai	ning for CG#1 and CG#2. Missing from	file.
Foster Family	Home	Client Care and Services	[11-800-43]	
43.(c)(3)		ed on the caregiver following a service pla e client care and services as provided in c	n for addressing the client's needs. The RN or shapter 16-89-100.	case manager may
Comment [.]				

Comment:

43.(c)(3) No RN delegation present for Client #2 for CG#3.

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3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire

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

Comment:

(3P)(b)(6) The CCFFH did not have evidence that fire drills had been conducted monthly to included each CG at least once per year. CG#3 did not conduct a fire drill within the 12 months period.

Foster Family H	Home Records	[11-800-54]	
54.(c)(2)	Client's current individual service plan, and	d when appropriate, a transportation plan approved by	the department;
Comment:			

54(c)(2) No current service plan present for Client# 3. Last one in record is dated 4/2023.

Compliance

Primary Care Giver

12024

Date Date