

Foster Family Home - Deficiency Report

Provider ID: 1-230070

Home Name: Reinette N. Gorospe, CNA

Review ID: 1-230070-4

91-927 Pailani Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 6/25/2024

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 6/25/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) Fingerprint was missing for CG#2, CG#3, and CG#5.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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- 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)(5)(C)(i) Have a valid driver's license;

- 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

- 41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

- 41.b.4 No disclosure form present for CG#2 and CG#3.
- 41.b.5.c.ii CG# 3 does not have a picture ID/license on file.
- 41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#3 and CG#4. Both missing from file.
- 41.(b)(8) CCFFH did not have evidence of current CPR/First Aid for CG#3 and CG#4. Both missing from file. Bloodborne Pathogen/Infection control training For CG#3 is expired on 1/8/2024, no renew on file.
- 41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#2 and CG#3. CG#2 requires 8 hours of in-service training, but had only 7 hours attended in 2023. CG# 3 requires 8 hours of in-service training, but had only 3 hours attended in 2023.
- 41.e. CG#4 is missing SCG approval form.
- 41.(f)(1) No current TB clearance for HHM# 1.
- 41.h. CG#2 and CG#3 are missing the SCG Change Form.

Foster Family Home	Fire Safety	[11-800-46]
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- 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.

Comment:

- 46.(a) - Last fire drill present in record was documented on 4/23/2024. No fire drill documentation present for May 2024.

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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;
- 54.(c)(5) Medication schedule checklist;
- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;
- 54.(c)(8) Personal inventory.

Comment:


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

54(c)(5) MAR was not documented daily for Client #1 and Client#2. Sheet not completed from 6/10/2024 to 6/24/2024.

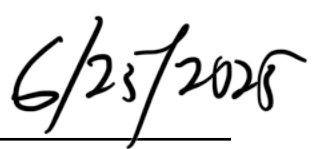
54(c)(6) No ADL and monitoring flow sheet present for Client#2 from 1/3/2024 to 6/24/2024.
ADL flowsheet was not documented daily for Client #1. Sheet not completed from 6/10/2024 to 6/24/2024.



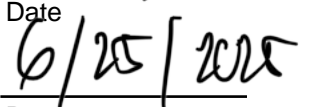
Compliance Manager



Primary Care Giver



Date



Date