

Foster Family Home - Deficiency Report

Provider ID: 1-220090

Home Name: Teofila Joan Pascual, CNA

Review ID: 1-220090-5

98-202 Kanuku Street

Reviewer: Ryan Nakamura

Aiea HI 96701

Begin Date: 8/14/2024

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: 8/14/2024).

CCFFH Increasing to 3 Bed CCFFH.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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.

Comment:

41.(b)(5): Current car insurance does not meet minimum coverage of at least \$100,000 bodily injury damage per person for CG#1. No alternate transport plan for all caregivers.

41.(b)(7): Current TB clearance provided by CCFFH for CG#6 not signed by MD/APRN/NP/DO.

41.(e): CCFFH applying for 3 bed CCFFH. CG#2 and CG#3 approved as a substitute caregiver for only 2 bed CCFFH.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

Comment:

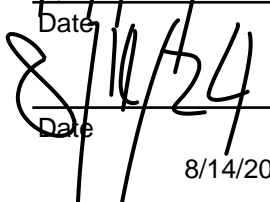
(3P)(a)(4) Staff: No documentation of 1 year work experience provided by CCFFH for CG#2.



Compliance Manager


Primary Care Giver



Date


Date