Foster Family Home - Deficiency Report							
Provider ID:	1-190095						
Home Name:	Guillerma	Haber, CNA	Review ID:	1-190095-11			
84-549 Nukea Street			Reviewer:	Maribel Nakamine			
Waianae		HI 96792	Begin Date:	8/26/2024			
Foster Family	/ Home	Required Certification	ate	[11-800-6]			
6.(d)(1) Comment:	Comply v	vith all applicable requin	rements in this cha	apter; and			
6.d.1- Unanno	unced visit n	nade for a 3-bed rece	ertification inspe	ction.			
Deficiency Report emailed to CCFFH with plan of correction due to CTA within 30 days of issuance date (9/12/24).							
Foster Family	Home	Background Cheo	:ks	[11-800-8]			
8.(a)(1)	Be subje	ct to criminal history rec	cord checks in acc	cordance with section 846-2.7, HRS;			
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and							
Comment:							
8.(a)(1), (2)- HHM#3 without any results of APS/CAN/Fingerprint.							
Foster Family	Home	Information Confi	dentiality	[11-800-16]			
16.(b)(5) Comment:		raining to all employees es and client privacy rig		other adults in the home, on their confidentiality policies and			

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for HHM#3.

Foster Family Home - Deficiency Report

Foster Family H	lome	Personnel and Staffing	[11-800-41]			
41.(b)(7)	Have a cu	rrent tuberculosis clearance that meets	department guidelines; and			
41.(b)(8)		imentation of current training in blood bo on, and basic first aid.	orne pathogen and infection control, car	diopulmonary		
41.(g)	and specifi documenta	rimary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills pecific skill areas needed to perform tasks necessary to carrying out each client's service plan. The nentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and iver's current records with the current service plan.				
41.(h)	services a	ary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing and shall provide a verbal and written report of all substitute caregiver changes, including additions, ons and replacements, to the department.				
41.(j)	When the caregiver s		ble to perform regular duties, and clients	are present, the primary		
41.(j)(2)	Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and					
41.(b)(8)- CG#4 41.(g)- No basic 41.(h), (j), (j)(2)-	without doo skills check CCFFH wit	is done by CG#4 in Client #1's char h unapproved caregiver left with CC	d borne pathogen and infection con t. FFH's 3 clients- all clients were bec	-		
41.(b)(7)- CG#1 41.(b)(8)- CG#4 41.(g)- No basic 41.(h), (j), (j)(2)- Caregiver) was i	without doc skills check CCFFH wit not home wl	cumentation of having a current bloc s done by CG#4 in Client #1's char h unapproved caregiver left with CC hen CTA compliance manager arriv	d borne pathogen and infection con t. :FFH's 3 clients- all clients were bec ed at the CCFFH.	-		
41.(b)(7)- CG#1 41.(b)(8)- CG#4 41.(g)- No basic 41.(h), (j), (j)(2)-	without doc skills check CCFFH wit not home wl	umentation of having a current bloc s done by CG#4 in Client #1's char h unapproved caregiver left with CC	d borne pathogen and infection con t. :FFH's 3 clients- all clients were bec ed at the CCFFH.			
41.(b)(7)- CG#1 41.(b)(8)- CG#4 41.(g)- No basic 41.(h), (j), (j)(2)- Caregiver) was n 3 Person Staffi (3P)(b)(2) Staff	without doc skills check CCFFH wit not home with ng Allowing th week, not primary ca	sumentation of having a current block s done by CG#4 in Client #1's char h unapproved caregiver left with CC hen CTA compliance manager arriv 3 Person Staffing Requirements he primary caregiver to be absent from t exceed five hours per day; provided that regiver's absence. Where the primary of	d borne pathogen and infection con t. :FFH's 3 clients- all clients were bec ed at the CCFFH.	Ibound. CG#1 (Primary nt hours in a calendar ne CCFFH during the excess of the hours, the		
41.(b)(7)- CG#1 41.(b)(8)- CG#4 41.(g)- No basic 41.(h), (j), (j)(2)- Caregiver) was n 3 Person Staffin (3P)(b)(2) Staff	without doc skills check CCFFH wit not home with ng Allowing th week, not primary ca substitute	sumentation of having a current block s done by CG#4 in Client #1's char h unapproved caregiver left with CC hen CTA compliance manager arriv 3 Person Staffing Requirements he primary caregiver to be absent from t exceed five hours per day; provided that regiver's absence. Where the primary of caregiver is mandated to be a Certified	d borne pathogen and infection con t. FFH's 3 clients- all clients were bec ed at the CCFFH. (3P) Staff he CCFFH for no more than twenty-eigh t the substitute caregiver is present in th caregiver is absent from the CCFFH in e	Ibound. CG#1 (Primary nt hours in a calendar ne CCFFH during the excess of the hours, the RS.		
41.(b)(7)- CG#1 41.(b)(8)- CG#4 41.(g)- No basic 41.(h), (j), (j)(2)- Caregiver) was n 3 Person Staffin (3P)(b)(2) Staff	without doc skills check CCFFH with not home with ng Allowing th week, not primary ca substitute No entry in t	sumentation of having a current block s done by CG#4 in Client #1's char h unapproved caregiver left with CC hen CTA compliance manager arriv 3 Person Staffing Requirements he primary caregiver to be absent from t exceed five hours per day; provided that regiver's absence. Where the primary of caregiver is mandated to be a Certified	d borne pathogen and infection con t. FFH's 3 clients- all clients were bec ed at the CCFFH. (3P) Staff the CCFFH for no more than twenty-eigh t the substitute caregiver is present in th caregiver is absent from the CCFFH in e Nurse Aide, per 321-483(b)(4)(C)(D) H	Ibound. CG#1 (Primary nt hours in a calendar ne CCFFH during the excess of the hours, the RS.		
41.(b)(7)- CG#1 41.(b)(8)- CG#4 41.(g)- No basic 41.(h), (j), (j)(2)- Caregiver) was i 3 Person Staffi (3P)(b)(2) Staff Comment: (3P)(b)(2)Staff- I	without doc skills check CCFFH with not home with ng Allowing th week, not primary ca substitute No entry in the lome Be based of	eumentation of having a current blocks source by CG#4 in Client #1's char h unapproved caregiver left with CC hen CTA compliance manager arriv 3 Person Staffing Requirements he primary caregiver to be absent from t exceed five hours per day; provided that regiver's absence. Where the primary of caregiver is mandated to be a Certified the CCFFH's Sign Out/In form for to Client Care and Services	d borne pathogen and infection con t. FFH's 3 clients- all clients were bed ed at the CCFFH. (3P) Staff he CCFFH for no more than twenty-eigh t the substitute caregiver is present in th caregiver is absent from the CCFFH in e Nurse Aide, per 321-483(b)(4)(C)(D) H day 8/26/24 as CG#1 left the CCFF [11-800-43]	Ibound. CG#1 (Primary nt hours in a calendar ne CCFFH during the excess of the hours, the RS. H.		
41.(b)(7)- CG#1 41.(b)(8)- CG#4 41.(g)- No basic 41.(h), (j), (j)(2)- Caregiver) was i 3 Person Staffi (3P)(b)(2) Staff (3P)(b)(2) Staff Foster Family H 43.(c)(3) Comment: 43.(c)(3)- CG#4	without doc skills check CCFFH with not home with ng Allowing th week, not primary ca substitute of No entry in the Be based of delegate construction without doc	eumentation of having a current blocks source by CG#4 in Client #1's char h unapproved caregiver left with CC hen CTA compliance manager arriv 3 Person Staffing Requirements he primary caregiver to be absent from t exceed five hours per day; provided that regiver's absence. Where the primary of caregiver is mandated to be a Certified the CCFFH's Sign Out/In form for to Client Care and Services on the caregiver following a service plar lient care and services as provided in cl	d borne pathogen and infection cont. FFH's 3 clients- all clients were bed ed at the CCFFH. (3P) Staff the CCFFH for no more than twenty-eight the substitute caregiver is present in the caregiver is absent from the CCFFH in e Nurse Aide, per 321-483(b)(4)(C)(D) H day 8/26/24 as CG#1 left the CCFF [11-800-43] the for addressing the client's needs. The hapter 16-89-100.	Ibound. CG#1 (Primary nt hours in a calendar ne CCFFH during the excess of the hours, the RS. H.		

(3P)(c) Fire The home shall assure that: the client who is bed bound, unable to transfer themselves or unable to make independent decisions about individual safety or otherwise not able to make it to safety in the event of an emergency (non-self preserving) shall have a designated person available at all times capable of evacuating the client

Comment:

(3P) (b)(2) Fire- CCFFH's monthly fire drills were all timed from 10:30am-11:00am. No time variations.
(3P) (c)Fire- CCFFH without a designated/available person as all three of the CCFFH's clients were bedbound.

Foster Family Home - Deficiency Report

oster Family Home	Medication and Nutrition	[11-800-47]
7.(e) The car person comment:	egivers shall obtain specific instructions and who is registered, certified, or licensed to pr	training regarding special feeding needs of clients from a ovide such instructions and training.
7.(e)- No training preser	nt for CG#1, CG#2, CG#3, and CG#4 fo	r Client #1's specialized diet and liquid consistency.
oster Family Home	Physical Environment	[11-800-49]
9.(a)(4) Wheelc	hair accessibility to sleeping rooms, bathroo	ms, common areas and exits, as appropriate;
Comment:		
9.(a)(4)- CCFFH's bathr lients were non-ambulat		mpliant/not accessible by wheelchair/walker. All 3 CCFFH
oster Family Home	Quality Assurance	[11-800-50]
0.(e) The hor unanno	me shall be subject to investigation by the de unced and may include, but is not limited to,	epartment at any time. The investigation may be announced or one or more of the following:
0.(e)(2) Inspecti	ion of service sites;	

50.(e), (e)(2)- The CCFFH with a locked gate and multiple dogs roaming the property. No gate buzzer/bell present.

Monibel Makamine, RN Compliance Manager AUURMU Haber Printary Care Giver

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Care Giver

Date Date

9/12/2024 11:19:39 AM