

Foster Family Home - Deficiency Report

Provider ID: 1-562555

Home Name: Josephine Bio, CNA

Review ID: 1-562555-19

91-1104 Hanakahi Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 9/12/2024

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 #2 is missing Form 1147.

Deficiency Report issued during CCFFH inspection via email on 9/12/2024 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)
Second Fingerprint check is overdue for HHM#1 and CG#2.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to HHM# 7 through HHM# 15.

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Foster Family Home

Fire Safety

[11-800-46]

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a) - Last fire drill present in record was documented on 4/10/2024. No fire drill documentation present for May 2024 through August 2024. Missing 9/2023 through 1/2024.

46.(b)(2)- CG# 4 did not have evidence of conducting a monthly fire drill within the past 12 months.

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# 2. Last one in record is dated 8/16/2023.

Compliance Manager

Primary Care Giver

Date

Date