

# Foster Family Home - Deficiency Report

Provider ID: 1-240003

Home Name: Katrine Pesca, CNA

Review ID: 1-240003-3

91-555 Papii Road

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 10/7/2024

## 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.

Deficiency Report issued during CCFFH inspection via email on 10/7/2024 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 CG#2, was due on/before 9/26/2024.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid/Bloodborne Pathogen/Infection control training for CG# 4. CPR/First Aid was due on/before 9/6/2024 and BBP/IC was due on/before 9/30/2024.

41.(f)(1) No current TB clearance for HHM# 2. TB exclusion not present for HHM#2.

41.g. No basic skills check present in record for CG#3.

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client #1 and Client #2 for CG#3.

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## Foster Family Home

## Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence that all CGs are included on the liability insurance policy. CG# 3 and CG# 5 is not included on the policy.

## Foster Family Home

## Fiscal Requirements

[11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b) - No fiscal records present for 2024.

## Foster Family Home


## Records

[11-800-54]

54.(a)(3) A list of applicable community resources.

Comment:

54(a)(3) The CCFFH did not have a list of applicable community resources.

  
\_\_\_\_\_  
Compliance Manager  
Josepina Oronce  
\_\_\_\_\_  
Primary Care Giver

10/7/2024  
\_\_\_\_\_  
Date  
11/7/2024  
\_\_\_\_\_  
Date