

# Foster Family Home - Deficiency Report

Provider ID: 1-591364

Home Name: Lourdes Bumanglag, CNA

Review ID: 1-591364-16

2423 A Rose Street

Reviewer: Ryan Nakamura

Honolulu

HI 96819

Begin Date: 9/9/2024

## 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. CTA visited for recertification inspection on 9/09/2024 but unable to conduct proper inspection due to CCFFH unwilling to provide records. CTA revisited CCFFH on 9/25/2024 to complete recertification inspection. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (completed inspection date: 9/25/2024).

## 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;

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): No evidence provided by CCFFH of current criminal background checks for CG#2, CG#3, and CG#4. Criminal background check was due by 6/01/2024.

8.(a)(2): No evidence provided by CCFFH of current APS/CAN clearance for CG#2, CG#3, and CG#4. APS/CAN clearance was due by 8/29/2024 for CG#2; 5/25/2024 for CG#3; 8/10/2024 for CG#4.

8.(a)(1)(2): No evidence provided by CCFFH of any sets of fingerprint criminal background check/APS/CAN clearance for HHM#6. HHM#6 changed legal name according to CG#1. No documentation of name change was provided.

## 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 evidence provided by CCFFH of HHM#4, HHM#5, and HHM#6 was trained of CCFFH's confidentiality/privacy training.

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

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

Comment:

41.(b)(4): CG#1 disclosure form is outdated. Household composition changed since disclosure form was completed.

41.(f)(1): No evidence provided by CCFFH of TB clearance completed within the past 13 months for HHM#6. TB clearance was due by 9/31/2024.

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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.

Comment:

46.(a): No evidence provided by CCFFH of fire drills were conducted monthly while clients' resided at CCFFH. No documentation provided of fire drills conducted from 1/2024 to 5/2024.

Foster Family Home

Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

50.(e)(1): During initial inspection of CCFFH on 9/9/2024, CTA was unable to obtain caregiver documents from CCFFH. CG#1 refused to comply with providing documents and requested for CTA to come back. CTA unable to conduct effective review of CCFFH for recertification and returned on 9/25/2024 to complete inspection.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

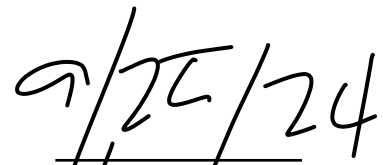
Comment:

51.(a)(1): No documentation provided by CCFFH of any substitute caregivers were covered on CCFFH's current general liability insurance.

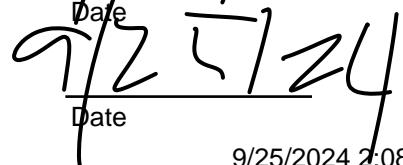


Compliance Manager

Primary Care Giver



Date



Date