

# Foster Family Home - Deficiency Report

Provider ID: 1-631300

Home Name: Mary Jane Dela Pena, CNA

Review ID: 1-631300-17

94-1336 Huakai Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 9/19/2024

## 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 9/19/2024 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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.(a)(1) Second Fingerprint check is overdue for HHM#8 (turned 18 years old), was due on/before 05/2024.

8(a)(2) APS/CAN checks were lapsed for CG#3. APS/CAN was due on or before 5/10/2024 and was completed on 9/3/2024.

8(c) State Name Check (eCrim) was lapsed for CG# 3. State Name Check (eCrim) was due on or before 5/22/2024 and was completed on 8/26/2024.

## 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 CG#8 and HHM#8.

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## Foster Family Home

## Personnel and Staffing

[11-800-41]

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

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

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG# 4. CG# 4 TB clearance was due on/before 10/5/2023 and no renew in the file.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#5. It was missing from file.

## 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 fire drill documentation present for July 2024.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date