

# Foster Family Home - Deficiency Report

Provider ID: 1-562430

Home Name: Feby Josue, CNA

Review ID: 1-562430-17

94-288 Kahuanani Place

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 10/24/2024

## 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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 10/24/2024).

## 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;

Comment:

8.(a)(1): No evidence provided by CCFFH of 2 sets of fingerprint/background checks in consecutive years for CG#3.

## 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.(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.

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)(4): No documentation provided by CCFFH of substitute caregiver disclosure form completed by CG#3.

41.(b)(7): No documentation provided by CCFFH of current TB clearance for CG#2 and CG#3. TB clearance was due by 3/28/2024 for CG#2 and no documentation of previous TB provided by CG#3.

41.(b)(8): No evidence provided by CCFFH of CG#3 current first aid training certificate.

41.(g): No evidence provided by CCFFH of basic caregiver skills were checked by client #1, #2, and #3's case management agency 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 evidence provided by CCFFH of RN delegations of any tasks were given to CG#3 by client #1, #2, and #3's case management agency.

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## Foster Family Home

## Physical Environment

[11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3): No evidence of written consent/acknowledgement for use of camera/monitor in clients' bedroom/common area by client #1, #2, and #3.

## Foster Family Home

## Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1): No evidence that CG#3 included in CCFFH's current general liability insurance.

## Foster Family Home

## Records

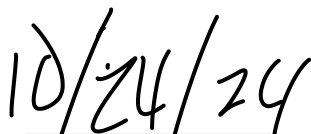
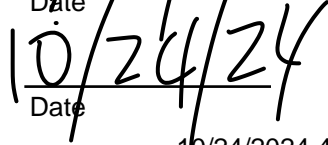
[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5): No daily documentation of medication administration for client #2. No documentation noted from 9/27/2024-9/30/2024, 8/28/2024-8/31/2024, 6/26/2024-6/30/2024.

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date