Foster Family Home - Deficiency Report

Provider ID: 1-210013

Home Name: Mary Joy Tarape, CNA Review ID: 1-210013-9

94-295 Kahuahele Street 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 2 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).

CCFFH applied to increase to 3 beds.

6.(d)(1): No documentation provided by CCFFFH of current 1147 assessment for client #1.

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): Evidence of lapse of 2nd set of fingerprint/background check for CG#6. Background check was due by 5/22/2024 and completed 8/15/2024.

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 evidence provided by CCFFH of CG#6 completed CCFFH's confidentiality/privacy training.

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

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide

services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the

substitute caregivers meet the requirements specified in this section.

Comment:

41.(e): CCFFH applied for increase to 3 bed CCFFH. CG#4 and CG#5 only approved for 2 bed substitute caregiver.

3 Person Staffing Requirements (3P) Staff

(3P)(a)(4) Staff
A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers

have a minimum of one year work experience as a caregiver in a community residential setting or in a medical

facility, per 321-483(b)(4)(E) HRS.

Comment:

(3P)(a)(4) Staff: No documentation of 1 year work experience as a caregiver in a community residential setting or in a

medical facility for CG#4.

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Primary Oare Giver

Date