

Foster Family Home - Deficiency Report

Provider ID: 1-560129

Home Name: Nerissa Cristobal, CNA

Review ID: 1-560129-20

91-927 Pailani Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 10/16/2024

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 10/16/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Information Confidentiality	[11-800-16]
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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#2,#3, #4, #5, and HHM#1.

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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.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.b.4 No disclosure form present for CG# 2 and CG#3.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#4 and CG#5, and HHM# 1. CG# 4 TB clearance lapsed, was due on/before 4/27/2023 and was done on 10/15/2024. CG#5 TB clearance is over due, expired on 5/25/2024 and no new on file. HHM#1 TB clearance is over due, expired on 11/12/2023 and no new on file.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#4 and CG#5. CG#4 was due on/before 7/24/2024, no new on file. CG#5 was due on/before 1/23/2024, no new on file.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1, CG#4 and CG#5. CG#1 requires 12 hours of in-service training, but had only 6 hours attended in 2023. CG#4 requires 12 hours of in-service training, but had only Zero hours attended in 2023. CG#5 requires 12 hours of in-service training, but had only 6 hours attended in 2023.

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Records

[11-800-54]

- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:


54(c)(2) No current signatures of POA/ clients service plan present for Client#1, Client#2, and Client#3.



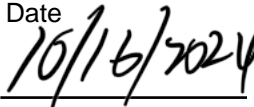
Compliance Manager



Primary Care Giver



Date



Date