

Foster Family Home - Deficiency Report

Provider ID: 4-240040

Home Name: Bellie Jean Iniba, NA

Review ID: 4-240040-1

680 Molokai Akau Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 6/25/2024

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) – CCFFH inspection conducted for a new 2 bed CCFFH certification. Report issued during CCFFH inspection with written plan of correction due to CTA by 7/25/24. Note: Deadline for decision on application is 8/5/24.

Area within the CCFFH that will be used for client care was being remodeled at the time of the inspection. CG#1 indicated that all work will be completed prior to the deadline for a decision on the certificate (8/5/24). A follow up inspection will need to be completed before a final decision is made to ensure correction of all deficiencies related to the physical structure of the CCFFH.

Foster Family Home	Background Checks	[11-800-8]
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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), 8.(a)(2) - The CCFFH did not have evidence that HHM#1, HHM#2, and HHM#3 had completed a fingerprint, APS, CAN.

The CCFFH did not have evidence of sex offender check for CG#1, CG#2, HHM#1, HHM#2, HHM#3. The CCFFH did not have evidence of a CNA registry check for CG#2. (New for 2024).

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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)(5)(C)(iv) Use of an insured vehicle;
- 41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;
- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(4) - The CCFFH did not have evidence of a disclosure form for CG#1 and CG#2.

41.(b)(6) - The area within the CCFFH designated for client bedrooms and bathrooms were being remodeled. Per CG#1, permits for the remodel were obtained and the work was being completed by a family member. CCFFH did not have evidence of the permits at the time of the inspection.

41.(f)(1) - The CCFFH did not have evidence of a TB clearance for HHM#1, HHM#2 and HHM#3.

41.(b)(5)(C), 41.(b)(5)(C)(iv)- The CCFFH did not have evidence of an alternate transportation plan for CG#1 & CG#2, nor have evidence of access to an insured vehicle.

Foster Family Home

Client Care and Services

[11-800-43]

- 43.(c)(1) Be appropriate to the age and condition of the client and provided in a homelike environment;
- 43.(c)(6)(B) Include access by the client to radio, television, telephone, internet.

Comment:

43.(c)(1) - The bedrooms to be used for client #1 and #2 are unfinished and did not have furnishings at the time of the inspection.

43.(c)(6)(B) - The bedrooms to be used for client #1 and #2 are unfinished and did not have radios, televisions or phones installed.

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Physical Environment

[11-800-49]

- 49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;
- 49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;
- 49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;
- 49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(1) - Client bathroom was being remodeled at the time of the inspection. Flooring and walls were not completely installed. The bathroom sink was not installed and there was no running water.

49.(a)(2) - Grab bars had not been installed in the client bathroom.

49.(a)(4) - There was a step leading into the front door of the home. A wheelchair ramp had not been installed at the time of the inspection. There was a decorative brick wall lining the front entrance that would prevent the proper installation of a ramp to safely allow entrance/exit via a wheelchair. Per CG#1, the wall is being removed and a ramp will be installed.

49.(c)(3) - At the time of the inspection, the back areas used for client bedrooms and bathroom was being remodeled. Door frames and doors were not yet installed, window coverings were not yet installed, walls in the bathroom had exposed dry wall, flooring had not been installed in client #1 and client #2's bedroom. Wheelchair ramps had not been installed at the front entrance, garage entrance, or the back entrance. (One step down from the CCFFH to street level.

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Client Rights

[11-800-53]

- 53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9) - Doors had not yet been installed on the bedrooms that will be used for client #1 and #2, or for the client bathroom. Doors with locks will need to be installed prior to approval of certificate.

Foster Family Home

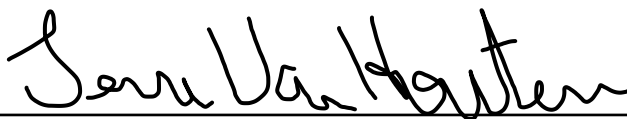
Records

[11-800-54]


- 54.(a)(1) Emergency procedures and an evacuation map;

Comment:

54.(a)(1) - The CCFFH did not have evidence of an evacuation plan posted in a public location.



Compliance Manager



Primary Care Giver

6/25/24

Date

6/25/24

Date