

Foster Family Home - Deficiency Report

Provider ID: 1-160005

Home Name: Eden Jamandre Orpilla, CNA

Review ID: 1-160005-16

2020 Uhu Street

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 12/5/2024

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 3 bed re-certification inspection.

CNA Prometric registry check are not present for CG#1.

Sex Offender check are not present for all the CGs and all HHMs over the age of 18 years old.

Deficiency Report issued during CCFFH inspection via email on 12/5/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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# 2 and HHMs (three minors).

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#1 and CG#2. It was due on/before 1/8/2024.

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 RN delegation present for Client #1 for CG# 2.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence of a current liability insurance policy for the business.

Foster Family Home - Deficiency Report

Foster Family Home


Records

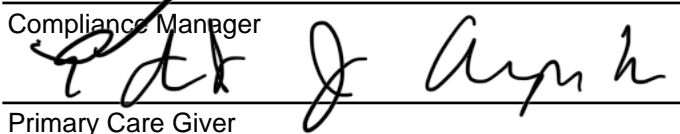
[11-800-54]

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

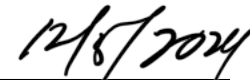
Comment:

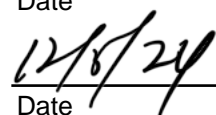
54(c)(2) No current signature of client/POA service plan present for Client# 1. Last service plan was record on dated 5/21/2024.



Compliance Manager


Primary Care Giver



Date


Date