

Foster Family Home - Deficiency Report

Provider ID: 1-610502

Home Name: Erlinda Kimura, RN

Review ID: 1-610502-15

17 Lihi Way

Reviewer: Po Lim

Wahiawa

HI 96786

Begin Date: 11/15/2024

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.

Deficiency Report issued during CCFFH inspection via email on 11/15/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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) Second Fingerprint check is overdue for CG#5 was due on/before 7/21/2023.

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

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

3 Person Staffing 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 CG# 2, Cg#3, and CG#5 did not have CNA Prometric registry verification on file.

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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. RN Delegation is missing for CG#5 for client #1.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1)


General;

Comment:

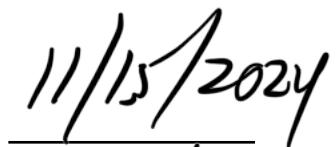
51.(a)(2)- The CCFFH did not have evidence of a current liability insurance policy for CG#5.




Compliance Manager



Primary Care Giver



Date



Date