

Foster Family Home - Deficiency Report

Provider ID: 1-613803

Home Name: Genedina Albano, CNA

Review ID: 1-613803-18

91-1372 Kamahoi Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 11/25/2024

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 2 bed re-certification inspection.

Client #1 has expired Form 1147 on 11/11/2024.

Deficiency Report issued during CCFFH inspection via email on 11/25/2024 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#3, was due on/before 9/12/2023.

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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#3.

Foster Family Home - Deficiency Report

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.
- 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)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2 and CG#3. CG#2 TB clearance expired, was due on/before 1/5/2022 and no new on file. CG#3TB clearance expired, was due on/before 8/24/2023 and no new on file.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid/Bloodborne Pathogen/Infection control training for CG# 3. CG#3 BBP are missing. CG#3 CPR/First Aid expired on 9/12/2024, and 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 and CG#2. CG#1 requires 12 hours of in-service training, but had ZERO hours attended in 2023. No annual in-service training hours for CG#2 for 2023 present in record. CG# 2 was required to have 8 hours in 2023.

Foster Family Home


Records

[11-800-54]

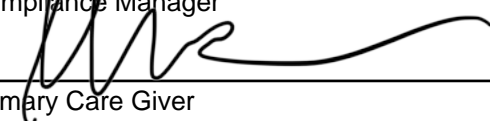
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54(c)(2) No current signature of POA for service plan present of Client# 1, for service plan dated on 7/5/2024 and 11/11/2024.



Compliance Manager



Primary Care Giver

11/25/2024
Date
11/25/2024
Date