Foster Family Home - Deficiency Report

Provider ID: 2-615338

Home Name: Marina Khrapov, CNA Review ID: 2-615338-20

223 Kulamanu Circle Reviewer: Terri Van Houten

Kula HI 96790 Begin Date: 10/23/2024

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued via email following the inspection with a written plan of correction due to CTA by 11/23/24.

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;		
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) The CCFFH did not have evidence of background checks for CG#2. (missing history of fingerprints).
- 8.(a)(1) The CCFFH did not have evidence that a sex offender registry check had been completed for CG#1, CG#2, or CG#3.
- 8.(a)(2) The CCCFFH did not have evidence of APS/CAN check for CG#2. (missing current and history of APS/CAN)

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Foster Fami	ly 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.			
41.(e)	The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.			

Comment:

- 41.(b)(4) The CCFFH did not have evidence of a disclosure form for CG#2. The disclosure form for CG#1 had not been updated to reflect the number of current HHMs residing at the CCFFH.
- 41.(b)(7) The CCFFH did not have evidence of a current TB clearance/Exclusion for CG#1, #2, and #3.
- CG#1 Lapse in TB clearance. Due 4/1/24, completed 10/17/24
- CG#2 No evidence of TB clearance/exclusion on file.
- CG#3 Lapse in TB clearance. Due 5/21/23, done 3/19/24.
- 41.(b)(8) The CCFFH did not have evidence that a current CPR/First Aid training had been completed by CG#2.
- 41.(b)(8) The CCFFH did not have evidence that CG#2 had a current Bloodborne pathogen training certificate on file.
- 41.(c) The CCFFH did not have evidence that CG#2 had completed the required number of hours of inservice training. No training certificates were on file.
- 41,(e) The CCFFH did not have evidence of a current SCG approval form signed by the department on file for CG#2. The file for CG#2 was incomplete.

Foster Fami	lly Home	Quality Assurance	[11-800-50]
50.(e)	The hou	me shall be subject to investigation by the unced and may include, but is not limited	department at any time. The investigation may be announced or to, one or more of the following:
50.(e)(1)	Review	s of administrative, fiscal, personnel, and	client records;
Comment:	757767555555		

50.(e), 50.(e)(1) - CTA was unable to complete the required recertification inspection on two prior occasions due to lack of access to CCFFH administrative binder. During an attempted inspection on 9/5/24, CTA compliance manager was informed by CG#3 that the binder was not present in the CCFFH. On 10/9/24, CTA compliance manager attempted to complete a recertification inspection was again informed by CG#3 that the CCFFH binder was not at the CCFFH. The CCFFH had not ensured that the compliance manager had access to required documents at the time of the attempted inspections.

Compliance Manager