

Foster Family Home - Deficiency Report

Provider ID: 1-220044

Home Name: Quennie A. Rosario, CNA

Review ID: 1-220044-5

94-066 Awamoku Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 3/12/2024

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 3/12/2024).

CCFFH requests to increase to 3 bed CCFFH.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(B)(7): Evidence by CCFFH of lapse of TB clearance for CG#2. Documents provided by CCFFH show lapse occurred from 08/01/2023 to 10/03/2024.

41.(e): CCFFH requests to increase to 3 bed CCFFH. CG#2, CG#4, and CG#5 not approved for 3-bed substitute caregiver.

41.(g): No evidence by CCFFH of basic caregiver skills were checked for CG#5 by client #1's case management agency. No documentation provided.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(3) Staff There is no provision for a three-hour or less substitute caregiver in CCFFHs with three clients in the home. If CTA approved an SCG for three hours or less, that approval applies only for one or two clients in a home.

Comment:

(3P)(b)(2) Staff: CCFFH requests to increase to 3 bed CCFFH. CG#2 and CG#5 approved only for less than 3 hour substitute caregiver.

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 evidence by CCFFH of RN delegation for CG#5 regarding client #1. No documentation provided by CCFFH.

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Fire Safety

[11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2): No evidence by CCFFH of CG#4 conducting at least one fire drill in the past 12 months. No documentation provided by CCFFH.

3 Person Physical Environment


3 Person Physical Environment

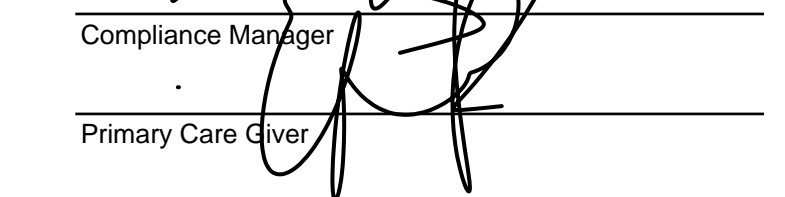
(3P) Env.

(3P)(a)(3) Env. the room must be at least 140 square feet

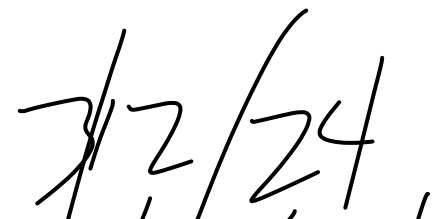
Comment:

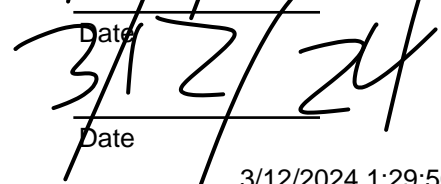
(3P)(a)(3) Env: CCFFH requests to be a 3-bed CCFFH. Proposed shared room measured at 135 sq. ft. and not minimum required 140 sq. ft.



Compliance Manager


Primary Care Giver



Date


Date