

Foster Family Home - Deficiency Report

Provider ID: 1-512964

Home Name: Rosemarie Pe Benito, RN

Review ID: 1-512964-16

91-1027 Ho'ohilu Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 11/20/2024

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.

Client #1 and Client #2 is missing Form 1147 in their file.

Deficiency Report issued during CCFFH inspection via email on 11/20/2024 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)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(a)(2) APS/CAN checks were lapsed for CG#3.
APS/CAN was due on or before 1/11/2024 and was completed on 9/30/2024.

8(c) State Name Check (eCrim) was lapsed for CG#3. State Name Check (eCrim) was due on or before 12/20/2023 and was completed on 9/21/2024.

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Personnel and Staffing

[11-800-41]

- 41.(a)(2) Be a NA, an LPN, or RN;
- 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.a.2. CG#3 is not approved to work in a 3 bed CCFFH.

41.(b)(8) CCFFH did not have evidence of current First Aid training for CG# 2. It was due on/before 11/09/2024. CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#1 and CG#3. Both expired on 11/18/2024, 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#2, CG#3, and CG#4. CG#2, #3, #4 requires 12 hours of in-service training, but had only ZERO hours attended in 2023.

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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) No RN delegation present for Client #1 and Client#2 for CG#4. CG#4 is a CNA and signed for herself in the RN signature box.

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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 service plan present for Client#2. Last one in record is dated 11/8/2023.

Compliance Manager

Primary Care Giver

Date

Date