

# Foster Family Home - Deficiency Report

Provider ID: 1-597544

Home Name: Rufina Samson, CNA

Review ID: 1-597544-16

91-1178 Kupipi Place

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 11/1/2024

## 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#3 has an expired Form 1147 on 4/4/2024. No new in file.

Deficiency Report issued during CCFFH inspection via email on 11/1/2024 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;

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) CG#4 is missing 2 set of Fingerprints copy in the file.

8(a)(2) APS/CAN checks were lapsed for CG#2 and CG#3 and HHM #3, and HHM #4.  
CG#2 and CG#3 APS/CAN was due on or before 4/21/2024 and was completed on 6/6/2024.  
HHM #3, and HHM#4 APS/CAN were due on or before 1/12/2024 and was completed on 6/6/2024.

## 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#4, HHM#3, and HHM#4.

## Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. CG#4 did not receive the training and sign the acknowledgement form.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

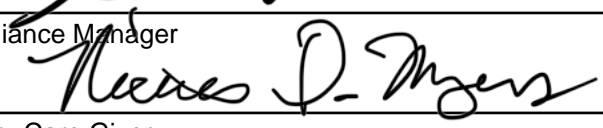
54.(a)(3) A list of applicable community resources.

-----  
Comment:

54(a)(3) The CCFFH did not have a list of applicable community resources.



\_\_\_\_\_  
Compliance Manager



\_\_\_\_\_  
Primary Care Giver

11/1/2024

\_\_\_\_\_  
Date

11/1/2024

\_\_\_\_\_  
Date