

Foster Family Home - Deficiency Report

Provider ID: 1-512633

Home Name: Shirley Gapuz, NA

Review ID: 1-512633-18

91-1178 Kuano'o Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 10/31/2024

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.

Deficiency Report issued during CCFFH inspection via email on 10/31/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Background Checks [11-800-8]

8.(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(c) State Name Check (eCrim) was lapsed for CG#1. State Name Check (eCrim) was due on or before 1/20/2024 and was completed on 5/16/2024.

State Name Check (eCrim) was overdue for CG#2. State Name Check (eCrim) was due on or before 1/20/2024 and is not completed.

Foster Family 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.(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.4 Disclosure form is out dated for CG#1.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1. CG#1 TB expired on 12/5/2023 and no new on file.

CG# 2 TB clearance lapsed, was due on/before 12/5/2023 and was done on 6/20/2024.

41.g. No basic skills check present in record for CG#2. Signature is missing.

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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 for CG#1 and CG#2. Missing from client's file.

Foster Family Home

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)- CG#2 did not have evidence of conducting a monthly fire drill within the past 12 months. PCG signed all drill documents. Clients names are missing from drills.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence of a current liability insurance policy for the business. Insurance expired 10/9/2024. No new on file.

Foster Family Home

Fiscal Requirements

[11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b) - No fiscal records present for 2024.

Foster Family Home

Records

[11-800-54]

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

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

54.(c)(5) Medication schedule checklist;

Comment:

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

54(c)(2) No current signature of client/POA for service plan present for Client# 1.

54(c)(5) MAR was not documented daily. Sheet not completed from 4/30/24 to 4/30/24.

Compliance Manager

Primary Care Giver

Date

Date