Foster Family Home - Deficiency Report					
Provider ID:	1-510257				
Home Name:	Elma Tierra	a, CNA	Review ID:	1-510257-10	
94-877 Mokuahi Street			Reviewer:	Maribel Nakamine	
Waipahu		HI 96797	Begin Date:	2/16/2022	
Foster Family	Home	Required Certi	ficate	[11-800-6]	
6.(d)(1) Comply with all applicable requirements in this chapter; and					
Comment:					
6.d.1- Unannounced recertification inspection conducted.					
Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 3/16/2022.					
Foster Family Home		Personnel and Staffing		[11-800-41]	
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.					
41.(g)- No Basic Skills Checks completed on CG#2 in Client #2's chart.					
Foster Family	Home	Client Care and	d 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 delegations present on a local data and a distribution for CG#2 in Client #2's chart.					

Maribel Makanine, Ru 2/16/22 Compliance Manager MMM 2/16/22

Primary Care Giver

Date

2/16/2022 4:24:21 PM