Foster Family Home - Deficiency Report

Provider ID: 1-210042

Home Name: Eunice Visitacion, CNA Review ID: 1-210042-5

94-1084 Hoomakoa Street Reviewer: Maribel Nakamine

Waipahu HI 96797 Begin Date: 1/30/2023

Foster Family	Home Red	quired 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 recertification inspection..

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 1/30/23).

Foster Famil	y Home Background Checks	[11-800-8]	
8.(a)(1)	Be subject to criminal history record checks i	in accordance with section 846-2.7, HRS;	
8.(a)(2)	Be subject to adult protective service perpetr	rator checks if the individual has direct contact with a client; and	
Comment:			

8.(a)(1), (2)- No 1st and 2nd set of Fingerprints results were present for CG#4. HHM#2's APS/CAN lapsed on 5/21/22 and was completed on 1/19/23. HHM#2's Ecrim lapsed on 5/9/22 and was completed on 1/9/23.

Foster Family F	lome Personnel and Staffing	[11-800-41]
41.(b)(7)	Have a current tuberculosis clearance that meets	department guidelines; and
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.(b)(7)- No current TB clearance for CG#2. TB clearance was due on or before 5/17/22. CG#4's TB clearance lapsed on 6/1/22 and was renewed on 9/6/22.
- 41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year 2022. CG#1 requires 12 hours of in-service training, but had only 10 hours attended in 2022.

Foster Famil	y Home	Medication and Nutrition	[11-800-47]	
47.(d)	Use of p	hysical or chemical restraints shall be:		
47.(d)(1)	By order	of a physician;		
Comment:				

Comment:

47.(d), (d)(1)- No physician's order was present for Client #1 regarding the use of side rails.

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Foster Family Ho	ome Records	[11-800-54]
54.(c)(3)	Current copies of the client's physician's orders;	
Comment:		

54.(c)(3)- No physician's order was present for Client #1's admission to CCFFH.

Manury, Rul 30/23

Compliance Manager

Primary Care Giver

Manury, Rul 30/23

Date

Date

Date

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