

Foster Family Home - Deficiency Report

Provider ID: 1-180010

Home Name: Hazel Layugan, CNA

Review ID: 1-180010-12

1351 Hoowali Street

Reviewer: Maribel Nakamine

Pearl City

HI 96782

Begin Date: 1/9/2023

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 certification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days. (Issued 1/9/23).

CG requests to increase from a 2-bed to a 3-bed CCFFH.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#1's TB clearance lapsed on 5/7/22 and was not renewed until 7/29/22.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

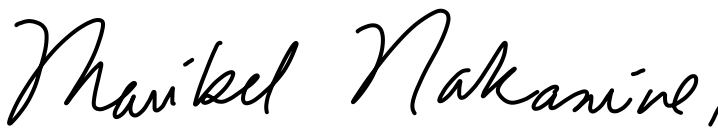
(3P)(b)(2)Staff- CG#3 (an NA) was utilized for more than 5 hours per day (12 hrs) from 8/1/22-8/3/22 as evidenced by the Sign In/Out Sheet.

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:

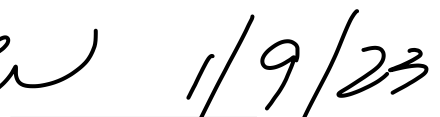
50.(a)- CG#2 did not have evidence of having been trained with the CCFFH's Emergency Preparedness Plan.




Compliance Manager



Primary Care Giver


Date 1/9/23


Date 1/9/23