Foster Family Home - Deficiency Report									
Provider ID: 1	-160021								
Home Name:	(eun Sil Park, C	NA	Review ID:	1-160021-13					
98-356 Puaalii Street			Reviewer:	Maribel Nakamine					
Aiea	HI	96701	Begin Date:	2/2/2023					
Foster Family H	ome Re	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 3-bed recertification inspection.									
Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (date of issuance: 2/2/23).									
Foster Family H	ome Ba	ckground Checks	5	[11-800-8]					
8.(a)(1) Comment:	Be subject to c	riminal history record	d checks in acco	ordance with section 846-2.7, HRS;					
8.(a)(1)- Ecrim lapsed for CG#2 on 3/10/22 and was completed on 3/17/22. CG#3's Ecrim lapsed on 7/29/22 and was completed on 8/13/22.									
Foster Family H	ome Infe	ormation Confide	ntiality	[11-800-16]					
16.(b)(5)		g to all employees, a d client privacy rights	:	other adults in the home, on their confidentiality policies and					
Comment:									
16.(b)(5)- No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#2.									
Foster Family H	ome Pe	rsonnel and Staff	ing	[11-800-41]					
41.(b)(7)	Have a current	tuberculosis clearan	nce that meets d	department guidelines; and					
41.(b)(8)	Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.								
41.(c)	training annual	lly which shall be app	proved by the de	nd the substitute caregiver shall attend eight hours, of in-service epartment as pertinent to the management and care of clients. In of training received by all caregivers, in the caregiver file in the					

Comment:

41.(b)(7)- CG#3's TB clearance did not contain any signature of an MD, nurse practitioner, nor a Physician's Assistant. 41.(b)(8)- CG#3's basic first aid lapsed on 11/17/21 and no current training certification was present. CG#2's blood borne pathogen and infection control certification lapsed on 1/3/23 and no current certification was present. 41.(c)- CG#2 was short of 2 hours of the required annual hours of 12 for the year 2022.

Foster Family Home - Deficiency Report

(3P) Staff

3 Person Staffing 3 Person Staffing Requirements

(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- No evidence that a Sign In/Out sheet was in use at the CCFFH. CTA Compliance Manager was unable to verify the number of hours CG#3(NA) worked in a day or week.

	Foster Family Home	Client Care and Services	[11-800-43]	
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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 were present for CG#3 in Client #1, Client #2, and Client#3.

anne mpliance Manage

Date Date

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