Foster Family Home - Deficiency Report

Provider ID: 1-200006

Home Name: Mishel Suguitan, NA Review ID: 1-200006-8

94-342 Kipou Street Reviewer: Po Lim
Waipahu HI 96797 Begin Date: 8/2/2023

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 8/2/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

CCFFH is applying for increase from 2 beds to 3 beds.

Foster Family H	ome Background Checks	[11-800-8]	
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;			
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.(a)(1) HHM#3 is missing APS, CAN, Fingerprinting.

8(a)(2) APS/CAN checks were lapsed for CG# 2 (HHM# 1). APS/CAN was due on or before 11/27/2022 and was completed on 7/3/2023.

8(c) State Name Check (eCrim) was lapsed for CG# 2 (HHM#1). State Name Check (eCrim) was due on or before 10/30/2022 and was completed on 6/20/2023.

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Foster Family Ho	ome Personnel and Staffing	[11-800-41]	
41.(a)(2)	Be a NA, an LPN, or RN;		
41.(a)(3)	Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and		
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		
Comment:			

41(a)(2) CG#2 and CG#3 is not qualify to work in a 3 clients setting.

41(a)(3) No job experience form present for CG# 2 and CG# 3.

41(b)(4) CG#2 is missing disclosure form.

41(b)(7). CG#2 (HHM#1) TB clearance expired on 1/28/2023 and no renewal on file.

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) No evidence that a 3-bed sign 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.

3 Person Fire Safety, **Natural Disaster**

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(B)(1). Fire drill was not conducted monthly. July 2023 drill was missing for the file.

Foster Family Home

Records

[11-800-54]

54.(c)(5)

Medication schedule checklist;

Comment:

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54(c)(5) August MARs is missing for both clients #1 and Client#2.