

# Foster Family Home - Deficiency Report

**Provider ID:** 1-563818

**Home Name:** Efgeni Koh, CNA

**Review ID:** 1-563818-15

92-485 Awawa Street

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 8/29/2023

## 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.

Client#1 is missing from 1147.

Deficiency Report issued during CCFFH inspection via email on 8/29/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

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)(2) APS/CAN checks were lapsed for CG# 3. APS/CAN was due on or before 6/10/2023 and was completed on 8/24/2023.

8(c) State Name Check (eCrim) was lapsed for CG# 3. State Name Check (eCrim) was due on or before 5/26/2023 and was completed on 8/12/2023.

State Name Check (eCrim) was lapsed for CG# 5. State Name Check (eCrim) was due on or before 1/14/2023 and was completed on 5/4/2023.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#6 and HHM# 3.

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## Foster Family Home

## Personnel and Staffing

[11-800-41]

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)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.b.4 No disclosure form present for CG# 6.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG# 6.

## Foster Family Home

## Client Care and 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 delegation present for Client #3 for CG# 6.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date