

# Foster Family Home - Deficiency Report

Provider ID: 1-200067

Home Name: Trelita Sacayanan, CNA

Review ID: 1-200067-7

91-1222 Hanaloa Street

Reviewer: Ryan Nakamua

Ewa Beach HI 96706

Begin Date: 11/1/2023

## 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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 11/1/2023).

6.(d)(1): No evidence by CCFFH of current 1147 form completed for client #1 and client #2. No documentation presented by CCFFH.

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

Comment:

8.(a)(1): No evidence by CCFFH of 2 sets of fingerprint clearance within 1 year apart for CG#4 and HHM#4. Only 1 set of fingerprint clearance documents presented was dated on 08/2022.

8.(a)(2): No evidence of current clearance for APS/CAN for CG#1. Documentation presented by CCFFH dated longer than 2 years ago.

## 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 evidence by CCFFH of confidentiality training completed by CG#4 and CG#7.

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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).

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- 41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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

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- 41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

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- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

- 41.(b)(4): No documentation presented by CCFFH of CG#4 completed a disclosure form.
- 41.(b)(5): No evidence presented by CCFFH of CG#4 having an alternate transportation plan while caregiving clients.
- 41.(b)(7): No documentation of current TB clearance for CG#4 that is signed by MD/APRN/PA. Document presented by CCFFH is signed by RN.
- 41.(e): CG#7 not approved to be SCG for 3-bed CCFFH. Evidence presented shows CG#7 approved for only 2 bed CCFFH.
- 41.(f)(1): No evidence presented by CCFFH of current TB clearance for household minor. No documentation presented by CCFFH.

**3 Person Staffing**

**3 Person Staffing Requirements**

**(3P) Staff**

- (3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

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- (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)(a)(3) staff: No evidence by CCFFH of CG#7 having one year work experience in home setting. No documentation presented by CCFFH.
- (3P)(b)(2) Staff: No Caregiver sign-out documentation by CCFFH.

**3 Person Fire Safety, Natural Disaster**

**3 Person Fire Safety**

**(3P) Fire**

- (3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

- (3P)(b)(6) Fire: No evidence by CCFFH that CG#4 and CG#7 conducted a fire drill in the past 12 months.

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Foster Family Home

Medication and Nutrition

[11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No evidence by CCFFH of signed order of use of bed side rails for client #1. Document presented by CCFFH of use of bed rails did not have MD signature.

Foster Family Home

Records

[11-800-54]

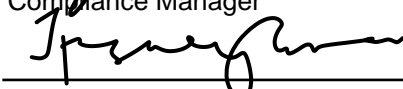
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

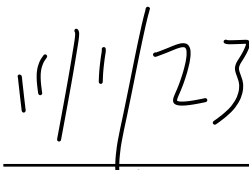
54.(c)(2): No signature by client or POA of current service plan for client#1 and client #3.



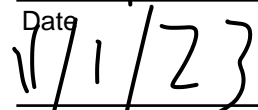
Compliance Manager



Primary Care Giver



Date



Date