

Foster Family Home - Deficiency Report

Provider ID: 1-180010

Home Name: Hazel Layugan, CNA

Review ID: 1-180010-14

1351 Hoowali Street

Reviewer: Ryan Nakamua

Pearl City HI 96782

Begin Date: 1/3/2024

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 1/3/2024).

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets 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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7): CTA was unable to determine validity of the TB clearance for CG#1. Clearance was based on a negative 2 step TB test from 5 years ago. CG#1 admitted to CTA that she changed date of document to make TB documentation appear current.

41.(b)(7): No evidence by CCFFH of current TB clearance for CG#2 and CG#3. Documents provided by CCFFH show TB clearance for CG#2 dated 1/5/2021 and 8/24/2022 for CG#3.

41.(b)(8): Evidence by CCFFH of lapse of CPR/First aid certification for CG#1. Documents provided by CCFFH show lapse from 01/23 to 11/15/2023.

41.(b)(8): No evidence by CCFFH of current CPR/First Aid certification for CG#2. Documents provided by CCFFH show expiration on 01/2022.

41.(f)(1): No evidence by CCFFH of TB clearance for 2 household minors. No documentation provided by CCFFH.

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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;

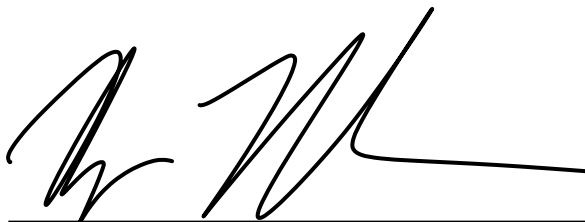
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

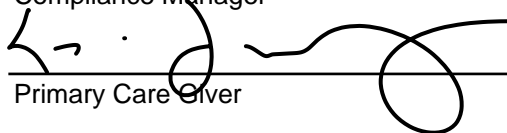
54.(c)(2): No evidence by CCFFH of current service plan for client #1 addressing client's use of oxygen and oral suctioning. No documentation noted in current service plan provided by CCFFH.

54.(c)(6): No evidence of weekly vital signs documented for client #1. Service plan addresses weekly vital signs to be obtained. Documents provided by CCFFH show last documented vital signs dated on 12/09/2023.

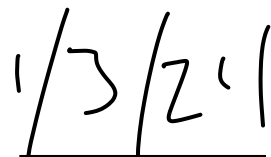
54.(c)(6): No evidence of monthly RN visits from client #1's case management agency were conducted. No documentation provided by CCFFH of visits performed on 12/2023 and 10/2023.



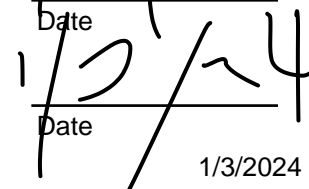
Compliance Manager



Primary Care Giver



Date



Date