Foster Family Home - Deficiency Report

Provider ID: 1-220030

Home Name: Edwin Pengson, NA Review ID: 1-220030-5

94-411 Oililua Place Reviewer: Po Lim
Waipahu HI 96797 Begin Date: 1/23/2024

Foster Family Ho	ome 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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 1/23/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family	Home Personnel and Staffing	[11-800-41]	
41.(b)(4)	Cooperate with the department to complete a psych accordance with section 11-800-7.(b)(2).	nosocial assessment of the caregiving fam	ily system in
41.(b)(7)	Have a current tuberculosis clearance that meets d	epartment guidelines; and	
41.(b)(8)	Have documentation of current training in blood bor resuscitation, and basic first aid.	ne pathogen and infection control, cardiop	pulmonary
41.(c)	The primary caregiver shall attend twelve hours, an training annually which shall be approved by the de The primary caregiver shall maintain documentation home.	partment as pertinent to the management	and care of clients.

Comment:

- 41.b. No current disclosure form present for CG# 1.
- 41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2. CG# 2 TB clearance lapsed, was due on/before 2/25/2023 and was done on 7/28/2023.
- 41.(b)(8) CCFFH lapse of current CPR/First Aid training for CG#2. CPR/AED/First Aid were due on/before 12/1/2023 and were done on 1/8/2024.

CG#3 is missing bloodborne pathogen/IC traning.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1 and CG#3. CG# 1 requires 12 hours of in-service training, but had only 7 hours attended in 2023. CG#3 requires 8 hours of inservice training, but had only 4 hours attended in the 2023.

Foster Family	Home	Fire Safety		[11-800-46]	
46.(b)(2)	All careg	givers have been trained to	implement appropriate em	ergency procedures in the eve	ent of a fire.
Comment:					

46.(b)(2)- CG# 3 did not have evidence of conducting a monthly fire drill within the past 12 months.

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Foster Family I	Home	Insurance Requirements	[11-800-51]	
51.(a)(2)	Automob	ile; and		

Comment:

51.(a)(2)- The CCFFH did not have sufficient amount of insurance coverage of automobile for CG#1.

Compliance Manager

Primary Care Giver

1/23/24 Date L/23/29/

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