

Foster Family Home - Deficiency Report

Provider ID: 1-220028

Home Name: Urduja Pidlaoan, CNA

Review ID: 1-220028-5

94-476 Hiapaiole Loop

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 1/17/2024

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: 1/17/2024).

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1): No evidence by CCFFH of 2 sets of fingerprint background check for CG#2. CTA only able to verify one set dated 10/02/2023.

Foster Family Home	Personnel and Staffing	[11-800-41]
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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.

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

Comment:

41.(b)(5): No evidence by CCFFH of automobile insurance for CCFFH covers minimum \$100,000 bodily injury damage per person. Documents provided by CCFFH show current automobile insurance covers \$20,000 per person.

41.(f)(1): No evidence by CCFFH of current TB clearance for minor household minor. Last documented to TB clearance dated 6/22/2022.

Foster Family Home	Medication and Nutrition	[11-800-47]
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47.(d) Use of physical or chemical restraints shall be:

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

Comment:

47.(d)(1): No evidence by CCFFH of physician order for okay to use bed side rails for client #1. No documentation provided by CCFFH.

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Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3): Hole found in bottom of screen window in living room facing street noted during home tour inspection.

Foster Family Home

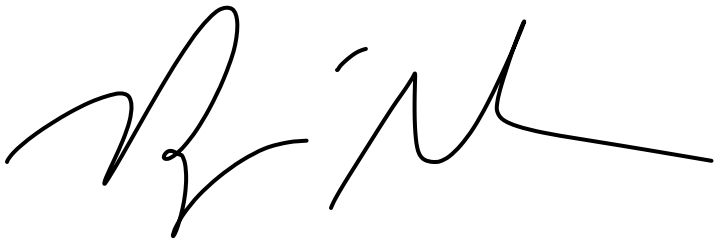
Records

[11-800-54]

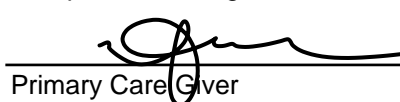
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5): Evidence of lapses in documentation of medication administration for client #1 and client #2 in multiple periods of time in the last 12 months. No documentation provided by CCFFH.



Compliance Manager



Primary Care Giver

1/17/24
Date
1/17/24
Date