

Foster Family Home - Deficiency Report

Provider ID: 1-160021

Home Name: Yeun Sil Park, CNA

Review ID: 1-160021-15

98-356 Puaalii Street

Reviewer: Ryan Nakamua

Aiea HI 96701

Begin Date: 2/5/2024

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: 2/5/2024).

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

Comment:

8.(a)(2): Evidence by CCFFH of lapse of APS/CAN clearance for CG#3. Documents provided by CCFFH show lapse from 9/9/2023 to 12/11/2023.

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

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

Comment:

41.(b)(8): No evidence by CCFFH of current CPR/AED certification for CG#2. Document provided by CCFFH show CPR/AED expired 01/2023.

41.(b)(8): No evidence by CCFFH of current bloodborne pathogen and infection control training completed in the last 12 months. Most recent document provided by CCFFH shows training completed 12/2022.

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): No physical door with door handle with lock for client #1's bedroom. CCFFH has a curtain instead of a door.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

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;

54.(c)(8) Personal inventory.

Comment:

54.(c)(6): No evidence by CCFFH of daily vitals signs documented for client #1 and client #2 as ordered by physician and addressed in service plan.

54.(c)(8): No evidence by CCFFH of client #1, #2, and #3's personal inventory documented by CCFFH. No documentation provided.



Compliance Manager



Primary Care Giver

2/5/24
Date
2/5/24
Date