

Foster Family Home - Deficiency Report

Provider ID: 1-210048

Home Name: Honeybee Osila, RN

Review ID: 1-210048-7

94-478 Kalukalu Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 2/20/2024

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: 2/20/2024).

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): Evidence of CCFFH of lapse criminal background check for CG#2, CG#3, and CG#4. Documents provided by CCFFH show lapse from 6/11/2023 to 8/11/2023 for CG#2 and CG#3 and lapse from 5/27/2023 to 8/11/2023 for CG#4.

8.(a)(2): Evidence by CCFFH of lapse of APS/CAN clearance for CG#2. Documents provided by CCFFH show lapse from 6/11/2023 to 8/23/2023.

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.

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

Comment:

41.(b)(8): No evidence by CCFFH of current certification of CPR/AED training completed for CG#3. Documents provided by CCFFH show that current CPR on file is expired.

41.(b)(8): Evidence by CCFFH of lapse for first aide training for CG#4. Documents provided by CCFFH show lapse from 8/22/2023 to 10/28/2023.

41.(f): Evidence by CCFFH of lapse of TB clearance for minor household member. Documents provided by CCFFH show lapse from 6/19/2023 to 1/22/2024.

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 evidence by CCFFH of service plan was conducted in the past 6 months for client #2. Most recent documents provided by CCFFH dated 7/27/2023 and states that next service plan due 1/27/2024.

54.(c)(2): No evidence by current service plan for client #1 addresses the use for client #1 of hooyer lift for transferring client. No documentation noted of use of hooyer lift.


Compliance Manager


Primary Care Giver


Date


Date