

# Foster Family Home - Deficiency Report

Provider ID: 1-210052

Home Name: Roesy Yabut, CNA

Review ID: 1-210052-8

2516 Rose Street

Reviewer: Ryan Nakamua

Honolulu

HI 96819

Begin Date: 3/21/2024

## 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: 3/21/2024)

## 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;

Comment:

8.(a)(1): No evidence of any sets of fingerprints for CG#5. Document provided by CCFFH dated 2/08/2005 states that CG#5 cleared of no reports of adult abuse.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No evidence by CCFFH of documentation of confidentiality training completed for CG#5.

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g): No evidence of basic caregiver skills checked by client #1 and #3's case management agency for CG#3 and client #1, #2, and #3 for CG#5. No documentation provided.

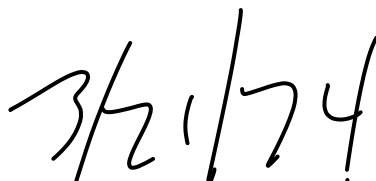
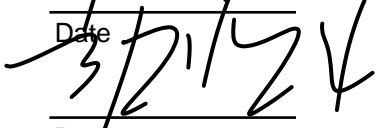
## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3): No RN delegations given by client #1 and #3's case management agency for CG#3 and client #1, #2, and #3 for CG#5. No documentation provided.

  
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Compliance Manager  
  
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Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date