

# Foster Family Home - Deficiency Report

Provider ID: 1-596489

Home Name: Ann Margareth C. Untalan,  
CNA

Review ID: 1-596489-16

2332 Pio Place

Reviewer: Ryan Nakamura

Honolulu HI 96819

Begin Date: 7/26/2024

## 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: 7/26/2024).

## 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): No documentation provided by CCFFH of current APS/CAN clearance for CG#6. Documents provided show APS/CAN expired 7/22/2022.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

Comment:

41.(b)(7): Evidence of lapse of TB clearance for CG#5. TB clearance was due 10/06/2023 and was completed 12/05/2023.

41.(b)(8): No documentation provided by CCFFH of current first aid/CPR training. CPR and first aid were due by 6/20/2024.

41.(b)(8): No documentation of first aid training for CG#6. Only CPR/AED training documentation was provided.

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2): CCFFH has not been using any 3 person CCFFH Sign Out sheets to track the hours the PCG is out of the facility. Unable to verify if CCFFH is using NA's and CNAs per rules.

## Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2): No documentation of CG#5 and CG#6 conducting a fire drill in the past 12 months.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

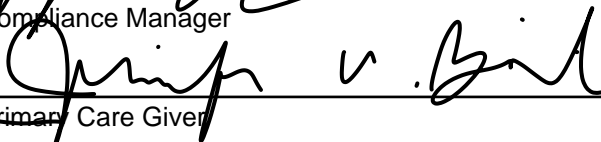
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2): Service plan that was completed in the past 6 months for client #3 not present. Last documented service plan provided dated 10/09/2022



Compliance Manager



Primary Care Giver



Date

Date