

# Foster Family Home - Deficiency Report

Provider ID: 1-510455

Home Name: Erma Tagaca, CNA

Review ID: 1-510455-18

1825 Ashford Street

Reviewer: Ryan Nakamura

Honolulu

HI 96819

Begin Date: 9/23/2024

## 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: 9/23/2024).

## 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 lapse of 2 sets of fingerprint clearance for HHM#5. 2nd set of fingerprint was due by 11/16/2023 and completed on 1/9/2024.

8.(a)(2): Evidence provided by CCFFH of APS/CAN clearance lapse for CG#2. APS/CAN clearance was due by 5/10/2024 and was completed 5/23/2024.

## 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): Evidence of lapse of bloodborne pathogen/infection control training for CG#2 and CG#3. Training was due by 1/14/2024 and completed on 8/10/2024 for CG#2. Training was due by 1/5/2024 and completed 8/10/2024 for CG#3.

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

(3P)(a)(5) Staff Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months, per 321-483(b)(4)(B) HRS.

Comment:

(3P)(a)(5) Staff: No evidence provided by CCFFH of CG#4 completed minimum 12 hours of in-service training in past 12 months or 24 hours in the past 24 months.

## 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 evidence provided by CCFFH of RN delegation given to any caregivers for eye drops medication administration by client #1's case management agency and inhaler medication administration by client #2's case management agency.

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Foster Family Home

Physical Environment

[11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

49.(a)(6) A means of unobstructed travel from the client's bedroom to the outside of the dwelling at street or ground level.

Comment:

49.(a)(2): No grab bar near toilet in clients' bathroom.

49.(a)(4)(6): Obstructed path in client #2's bedroom. Not wheelchair accessible due to cluttered with client's personal belongings. Door is partially obstructed and unable to be completely open.

Foster Family Home

Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

Comment:

54.(b): No evidence provided by CCFFH of progress notes documentation of for client #1's events/change of condition/follow up care since 12/20/2023.

  
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Compliance Manager  
  
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Primary Care Giver

  
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Date  
  
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Date  
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