

Foster Family Home - Deficiency Report

Provider ID: 1-240005

Home Name: Lilia Tanhueco, NA

Review ID: 1-240005-3

91-868 Ma Ke Kula Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 10/7/2024

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 visit made for a 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 10/7/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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) Second Fingerprint was overdue for CG#1 and CG#2.
Missing first set of fingerprints and second set for HHM# 1 and HHM#2.

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.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

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

Comment:

41.(b)(8) CCFFH did not have evidence of current First Aid training for CG#1 and CG#2.
CG#1 First Aid was due on/before 7/31/2024.
CG#2 is missing First Aid.

41.e. CG#2 is missing CTA approval form. Three other substitute were listed on the liability insurance but files were not found in the binder as added substitute.

41.(f)(1) No current TB clearance for HHM#1, HHM#2, HHM#3. TB clearance were missing from files.

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Foster Family Home

Quality Assurance


[11-800-50]

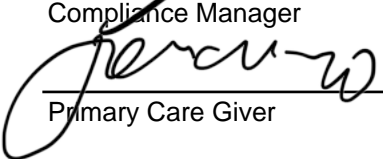
50.(e)

The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

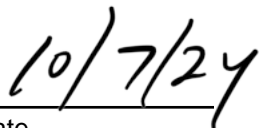
Comment:

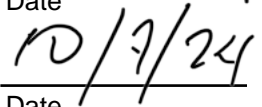
50.(e) - The CCFFH had a gate outside restricting access to the front door that did not have a form of communication which inhibited the announcement of a visitor's arrival to the facility.



Compliance Manager


Primary Care Giver



Date


Date