

Foster Family Home - Deficiency Report

Provider ID: 1-180030

Home Name: Zeilanie Tugas, CNA

Review ID: 1-180030-14

94-313 Paiwa Street

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 10/23/2024

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: 10/23/2024).

6.(d)(1): No documentation provided by CCFFH of current 1147 assessment for client #1.

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 documentation provided by CCFFH of current criminal background check for CG#2. background check was due by 1/12/2024.

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): No evidence provided by CCFFH of CG#2 completed first aid training. No documentation provided.

41.(b)(8): No evidence provided by CCFFH of CG#3 completed bloodborne pathogen/infection control training within the past 12 months. Training was due by 5/10/2024.

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#3 completed minimum 12 hours annual in-service training in the past 12 months or 24 hours in the past 24 months.

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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 for topical medication administration by client #1's case management agency to any caregivers.

43.(c)(3): No evidence provided by CCFFH of RN delegation given for nasal spray medication administration by client #2 and client #3's case management agency to any caregivers.

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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 documentation provided by CCFFH of client #2's current service plan. Service plan was due by 5/2024.



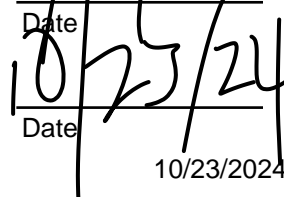
Compliance Manager



Primary Care Giver



Date



Date