| Provider ID: 1-561101 Home Name: Shirly Layugan, CNA Review ID: 1-561101-16 315 Circle Makai Street Reviewer: Ryan Nakamura Wahiawa HI 96786 Begin Date: 11/4/2024 Foster Family Home Required Certificate [11-800-6] 6.(d)(1) Comply with all applicable requirements in this chapter; and Comment: 6.(d)(1) Comply with all applicable requirements in this chapter; and Comment: 6.(d)(1) Comply with all applicable requirements in this chapter; and Comment: 6.(d)(1) Comply with all applicable requirements in this chapter; and Comment: 6.(d)(1) Constructed CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 11/04/2024). 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 provided by CCFFH of sex offender searches were completed for any caregivers or HHM. Foster Family Home Information Confidentiality [11-800-16] 16.(b)(5) Provide training to all employees, and for homes, | Foster Family Home - Deficiency Report | | | | | | | | | | |
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| 315 Circle Makai Street Reviewer: Ryan Nakamura Wahiawa HI 96786 Begin Date: 11/4/2024 Foster Family Home Required Certificate [11-800-6] 6.(d)(1) Comply with all applicable requirements in this chapter; and Comment: 6.(d)(1) Unanounced CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 11/04/2024). 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 provided by CCFFH of sex offender searches were completed for any caregivers or HHM. 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 client privacy rights. Comment: 16.(b)(5): No documentation provided by CCFFH of CCFFH's confidentiality/privacy training for all substitute caregivers and adult household members. 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. | Provider ID: | 1-561101 | | | | | | | | | |
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| Commont | | social wo | rker m | nonitoring flow sheet | s, client observa | ation sheets | s, and signification | nt events the | at may impa | act the life, | |
| Comment: 54.(c)(6): No documentation provided by CCFFH of progress notes for client #1 and #2 in the past 12 months of any events. | 54.(c)(6): No doo | cumentatio | n pro | vided by CCFFH c | of progress not | tes for clie | nt #1 and #2 | in the past | 12 months | s of any | |
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Compliance Manager

Primary Care Give

Date

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