

Foster Family Home - Deficiency Report

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) - Unannounced 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 procedures 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.

Comment:

41.(b)(8): No documentation provided by CCFFH of current first aid/CPR training for CG#3. CG#1 stated training was completed at 10/25/2024 but no documentation was provided. Training was due by 8/1/2024.

Foster Family Home Records [11-800-54]

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

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.



Compliance Manager



Primary Care Giver

11/4/24
Date
11/4/24
Date