

Foster Family Home - Deficiency Report

Provider ID: 1-180010

Home Name: Hazel Layugan, CNA

Review ID: 1-180010-17

98-113 Kaulike Drive

Reviewer: Ryan Nakamura

Pearl City HI 96782

Begin Date: 1/9/2025

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: 1/09/2025).

CCFFH applied to increase to 3 bed CCFFH.

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): No evidence provided by CCFFH of current criminal background check for CG#2 and CG#3. Clearances were due by 4/12/2024 for CG#2 and 2/16/2024 for CG#3.

8.(a)(1): No evidence provided by CCFFH of searches conducted on sex offender registry for CG#1, CG#2, and CG#3. No documentation provided.

8.(a)(2): No evidence provided by CCFFH of current APS/CAN clearance for CG#2 and CG#3. Clearances were due by 4/27/2024 for CG#2 and 2/16/2024 for CG#3.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7): No evidence provided by CCFFH of current TB clearance for CG#2 within the past 13 months. Last documented TB clearance was dated 1/5/2021.

41.(b)(7): Evidence provided by CCFFH of lapse of TB clearance for CG#3. TB clearance was due by 9/24/2023 and completed 10/07/2024.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): No evidence provided by CCFFH of fire drills were conducted monthly. Last documented fire drill was dated 7/1/2024.

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Physical Environment

[11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3): No documentation provided of written consent/acknowledgement of use camera/monitor in shared living area by client #2/responsible party.

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Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1): No evidence provided by CCFFH of current general liability insurance for all caregivers. Documents provided by CCFFH showed insurance expired 11/30/2024.

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Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

54.(c)(8) Personal inventory.

Comment:

54.(c)(5): Evidence of discrepancy of two medications regarding medication label and how medications have been administered compared to client #1's current medication administrative record (MAR).

54.(c)(8): No documentation provided by CCFFH of inventory of client #1's personal belongings.



Compliance Manager



Primary Care Giver



Primary Care Giver

1/9/25
Date

1/9/25
Date