Foster Family Home - Deficiency Report

Provider ID: 1-581779

Home Name: Review ID: 1-581779-16 Karen Asuncion, CNA

1815 Akina Street Reviewer: Ryan Nakamura

Honolulu HI 96819 Begin Date: 1/13/2025

Foster Family H	ome	Required Certificate	[11-800-6]	
6.(d)(1)	Comply w	vith all applicable requirements in this	chapter; and	

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: 1/13/2024).

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

Foster Family	y Home Personnel and Staffin	g [11-800-41]
41.(b)(8)	Have documentation of current training resuscitation, and basic first aid.	ng in blood borne pathogen and infection control, cardiopulmonary
41.(f)	The primary caregiver shall maintain evidence that they have current:	a file on all adult household members who are not substitute caregivers with
41.(f)(1)	Tuberculosis clearances that meet de	partment of health guidelines; and

Comment:

Comment:

41.(b)(8): Evidence of lapse of bloodborne pathogen and infection control training for CG#3. Training was due by 5/30/2024 and completed 9/5/2024.

41.(f)(1): No evidence of TB clearance was completed within the past 13 months for HHM#1. Last TB clearance was dated 1/13/2023 and was due by 2/13/2024.

3 Person Staffin	g 3 Person Staffing Requirements	(3P) Staff
(3P)(b)(2) Staff	Allowing the primary caregiver to be absent from the CCFFH week, not exceed five hours per day; provided that the substiprimary caregiver's absence. Where the primary caregiver is substitute caregiver is mandated to be a Certified Nurse Aide	tute caregiver is present in the CCFFH during the absent from the CCFFH in excess of the hours, the

Comment:

(3P)(b)(2) Staff: No documentation provided by CCFFH of caregiver sign-in and sign-out sheet had been used.

Foster Family	y Home Fiscal Requirements	[11-800-52]
52.(a)	The home shall have adequate resource	es to finance its services in accordance with the provisions of this chapter.
52.(b)		documents and other evidence that sufficiently and properly reflect all funds enditures of any nature related to the home's operation.
52.(c)		ained by the home in accordance with generally accepted accounting nd efficient fiscal management and audit.
Comment:		

52 (a)(b)(c) No CCFFH monthly budget or fiscal records (i.e., bank statement) present to show facility's resources.

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Foster Famil	y Home	Records	[11-800-54]
54.(c)(2)	Client's o	current individual service plan,	, and when appropriate, a transportation plan approved by the department;
54.(c)(8)	Personal inventory.		
Comment:			

54.(c)(2): No evidence provided by CCFFH of current service plan for client #3. Last service plan was dated 4/01/2024 and was due to be updated by 10/01/2024 and client moved to CCFFH 11/18/2024.

54.(c)(8): No documentation provided by CCFFH of inventory of personal belongings for client #3 since admission to CCFFH.

Compliance Manager

Primary Care Giver

13/25 Date 25

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