

Foster Family Home - Deficiency Report

Provider ID: 1-210068

Home Name: Elijah Lois Galvan, CNA

Review ID: 1-210068-9

91-1204 Piipii Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 6/16/2025

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

Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 6/16/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)

Second Fingerprint/background check is overdue for CG#4 was due on/before 11/16/2024.

Foster Family Home	Personnel and Staffing	[11-800-41]
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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) CCFFH had a lapse of current CPR/First Aid training for CG#3. It was due on/before 1/6/2025 and was completed on 1/8/2025. Bloodborne Pathogen/Infection control has expired for CG#5. Expiration dates was 5/30/25.

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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;

54.(c)(8) Personal inventory.

Comment:

54(C)(6) Client #1 did not have evidence of RN monthly visits, none currently in the records.

54(c)(8) Client#1 did not have evidence that a personal inventory log has been initiated and/or maintained.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: Po Lim

**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Elijah Lois Galvan

(PLEASE PRINT)

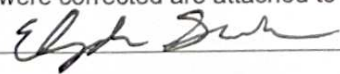
CCFFH Address: 91-1204 Piipii Street, Ewa Beach, HI 96796

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.a.1	Lapse cannot be corrected	6-23-25	Home will use a spreadsheet on laptop to identify when requirements are due to prevent them from expiring. CG#1 will inform other caregivers when an background checks are due 2 weeks before it is due.
41.b.8	Current training for Bloodborne Pathogen and Infection Control obtained and placed in binder	6-25-25	Home will use a spreadsheet on laptop to identify when requirements are due to prevent them from expiring. CG#1 will inform other caregivers when an trainings are due 2 weeks before it is due.
54.c.6	RN monthly visits obtained and placed in binder	6-20-25	Home will request for RN monthly visits from CM after home visits. Home will use a spreadsheet on laptop as a reminder.
54.8	Current Inventory List obtained and placed in binder	6-20-25	Home will conduct periodical inventory of client's belongings to ensure that Inventory List is current. Home will use a spreadsheet on laptop as a reminder.

☒ All items that were corrected are attached to this POC

PCG's Signature: _____



Date: 7-15-2025

☒ CTA has reviewed all corrected items