

Foster Family Home - Deficiency Report

Provider ID: 1-569494

Home Name: Fanny Tan, CNA

1956 Kealakai Street

Honolulu

HI

96817

Review ID: 1-569494-18

Reviewer: Ryan Nakamura

Begin Date: 6/26/2025

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued via email on 6/27/2025 with written plan of correction due to CTA within 30 days.

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): No evidence present in CCFFH records of sex offender registry searches for CG#1, CG#2, CG#4, and CG#5.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(2) Be a NA, an LPN, or RN;

Comment:

41.(a)(2): No evidence present in CCFFH records of CNA prometric registry checks for CG#1, CG#2 and CG#4.

Foster Family Home	Client Rights	[11-800-53]
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53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): No evidence present in client's records of written consent from client/POA for use of camera/monitor in client's common area for client #1. Documentation present stated that client's POA did not want camera in client's bedroom.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

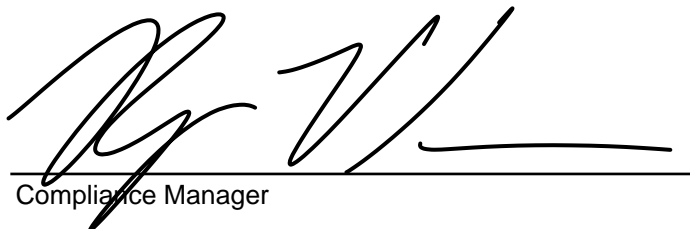
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

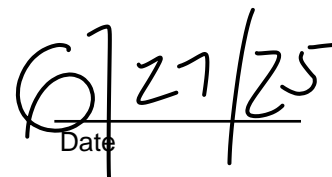
Comment:

54.(c)(2): Discrepancy noted in client #2's current service plan present in client's records compared to services provided. Client has been receiving dialysis treatments since client's admission to CCFFH. Service plan did not address that client had been receiving dialysis.

54.(c)(5): Discrepancy noted of Preservision medication administered compared to documentation of medication administration record (MAR) for client #3. CTA was not presented of supply of Preservision medication. CG#1 was unaware of medication and unaware when the last dose was administered. Documentation presented by CCFFH showed that Preservision had been documented as administered daily.


Compliance Manager

Primary Care Giver


Date

Date