

# Foster Family Home - Deficiency Report

Provider ID: 4-511057

Home Name: Imelda Cordero, CNA

Review ID: 4-511057-19

74 Kuuhua Place

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 7/7/2025

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 during CCFFH inspection with written plan of correction due to CTA by 8/7/25.

6(d)(1) - The CCFFH did not have evidence of a signed 1147 for client #1.

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.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(8) - The CCFFH did not have evidence that CG#2 had completed bloodborne pathogen training within the last 12 months. The certificate on file expired 5/9/25.

41.(g) - The basic skills checklist for client #1 were signed by each CG, but the signature did not include the date the form was signed by the CG.

Foster Family Home	Client Account	[11-800-48]
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48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a) - The CCFFH did not have evidence that a written accounting of the client's personal funds received and expended on the client's behalf was being maintained.

-Client #1 - CCFFH admission document indicated that the CG would maintain client's personal needs allowance. No written accounting was present in the client chart.

-Client #2 and #3 - CCFFH admission document did not indicate who was responsible for the client's personal needs allowance, and no written accounting was present in the client charts.

# 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;

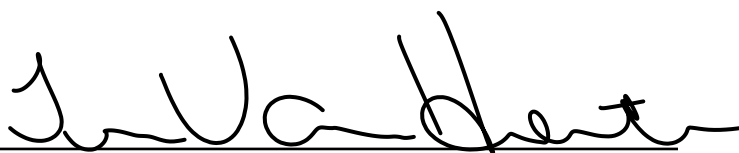
Comment:

54.(c)(2) - The CCFFH did not have evidence that the most recent service plan for client #1 and client #2 had been reviewed with and signed by the client/client's legal representative.

54.(c)(2) - The Service plans for client #1 and client #3 did not accurately reflect the care needed based on diagnosis and CG documentation.

Client #1 - RN identified the client as a fall risk with a history of falls and poor safety awareness. Client was noted to resist care and would become agitated and aggressive at times. None of these were identified as problems on the service plan, nor were interventions added to safely manage the client.

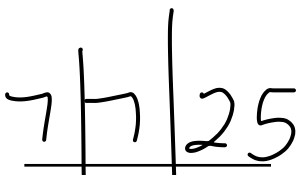
Client #3 - Order in place as of 5/28/25 to apply compression stockings daily. The service plan had not been updated to reflect this intervention, nor were daily skin checks and circulatory checks included.



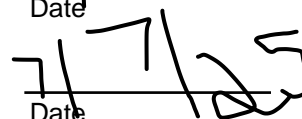
Compliance Manager



Primary Care Giver



Date



Date