

Foster Family Home - Deficiency Report

Provider ID: 1-230070

Home Name: Reinette N. Gorospe, CNA

Review ID: 1-230070-6

91-709 Pohakupuna Road

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 6/23/2025

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 3 bed re-certification inspection.

CCFFH is applying for increase from 2 beds to 3 beds.

Client#1 missing form 1147.

Client#2 has expired form 1147 on 11/13/2024.

Deficiency Report issued during CCFFH inspection via email on 6/23/2025 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) Fingerprint was overdue for CG#4 on 4/14/2025.

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Foster Family Home

Personnel and Staffing

[11-800-41]

41.(a)(2)	Be a NA, an LPN, or RN;
41.(a)(3)	Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and
41.(b)(7)	Have a current tuberculosis clearance that meets department guidelines; and
41.(b)(8)	Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
41.(c)	The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41(a)(2) CNA Prometric registry check are not present for CG#1, #3, and #4.

41(a)(3) No job experience form present for CG#2, #3, #4, #5.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2 and CG#3.

CG#2 TB clearance expired on 11/22/2024.

CG#3 TB Clearance expired on 12/19/2024.

HHM#1 TB clearance was not present from the file.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#1, #2, #3, and #4.

CG#1 and CG#4 was due on or before 1/8/2025.

CG#2. and CG#3 was due on or before 1/8/2024.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#4 and CG#5.

CG#4 requires 12 hours of in-service training, but had only 10 hours attended in 2024.

CG#5 requires 12 hours of in-service training, but had only 8 hours attended in 2024.

No annual in-service training hours for CG#2 and CG#3 for 2024 present in record. CG#2 and CG#3 was required to have 12 hours in 2024.

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(b)(2) Staff	Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.
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Comment:

3P.b.2 The sign-out sheet are missing from CCFFH.

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3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

CG#2 and CG#3 did not conduct a fire drill in the past 12 months.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence of a current liability insurance policy for the business. Expired on 11/30/2024.

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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)(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;

Comment:

54(c)(2) No current service plan present for Client#1. Last one in record is dated 9/6/2024.

54(c)(6) Client#1 and Client#2 did not have evidence of RN monthly visit notes for April 2025 and May 2025. Last one in file is dated 3/15/2025.

Compliance Manager

Primary Care Giver

Date

Date