

Foster Family Home - Deficiency Report

Provider ID: 1-160021

Home Name: Yeun Sil Park, CNA

Review ID: 1-160021-17

98-356 Puaalii Street

Reviewer: Po Lim

Aiea HI 96701

Begin Date: 2/21/2025

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.

CNA Prometric registry check are not present for CG#1.

Sex Offender check are not present for all the CGs and all HHMs over the age of 18 years old.

Deficiency Report issued during CCFFH inspection via email on 2/21/2025 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#2.

Foster Family Home	Personnel and Staffing	[11-800-41]
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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)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41(a)(3) No job experience form present for CG#3.

41.(b)(8) CCFFH did not have evidence of current First Aid training for CG# 4. It was missing from CG file.

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 - Client bedrooms and bathrooms are supposed to allow clients to lock them from inside for privacy. There is no door (missing) for Client#1 room. There are no locks on Client #2 door to allow clients to lock and unlock them.

Foster Family Home - Deficiency Report

Foster Family Home

Records

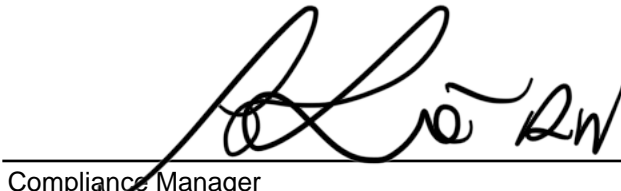
[11-800-54]

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

Comment:

54(c)(2) No current service plan present for Client# 2. Last one in record is dated 7/25/2024.

No current signatures for service plan present for Client#1, #2, and #3.


Compliance Manager


Primary Care Giver


Date


Date

CTA RN Compliance Manager:

Po LimCommunity Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Yean Si Park
(PLEASE PRINT)

CCFFH Address:

98-356 Puaali'i St Aiea. H2 96701
(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?
6(d) 1	CG #1 obtained CNA Prometric Registry check filed in binder CG #1, #2, #3 obtained Sex offender check filed in binder	2/23/25 2/23/25	Keep in e-mail from [redacted] to read and follow as soon as possible to be done. Continually read [redacted] e-mail and update new information soon as possible.
8(a) 1	CG #2 obtained all the fingerprint filed in binder	2/24/25	Keep it together all the documents in binder use schedule book to remind all the CG.
4(a)(3)	CG #3 Job Experience obtained filed in binder	2/25/25	will Remind the all binder to keep in track. Home will check all the binder too.
4(b)(8)	CG #4 Filsaid obtained. filed in binder	3/11/25	will use schedule book to Remind CGs to do on time.
53(b) 9	house obtained Client #1 room door Client #2 door lock	2/28/25	Home will put the door back Client #1, changed door lock to Client #2.
54(c) 2	obtained Client #2 Service Plan. obtained signatures for service plan Client #1, #2, #3.	3/3/25 3/3/25	Home will Remind the Clients family to sign the Plan working with casemanager to contact family every 6 month service Plan

☒ All items that were corrected are attached to this POC

PCG's Signature:

Yean Si Park

Date:

3/12/25☒ CTA has reviewed all corrected items