

Foster Family Home - Deficiency Report

Provider ID: 1-587438

Home Name: Jojie Filburn, CNA

1486 Kohou Street

Honolulu

HI

96817

Review ID: 1-587438-17

Reviewer: Ryan Nakamura

Begin Date: 8/6/2025

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 within 30 days of inspection (inspection date: 8/06/2025).

6.(d)(1): No evidence present in client records of current 1147 assessment for client #1.

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2): No evidence present in CCFFH records of any sets of fingerprint background checks for HHM#3.

8.(a)(1): No evidence present in CCFFH records of sex offender registry searches were completed for all caregivers and adult household members.

8.(a)(2): No evidence present in CCFFH records of current APS/CAN clearance for HHM#2. APS/CAN clearance was due by 10/12/2024.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No evidence present in CCFFH records of CCFFH's confidentiality/privacy training was completed for HHM#3.

Foster Family Home - Deficiency Report

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

Comment:

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

41.(b)(7): No evidence present in CCFFH records of TB clearance signed by MD/APRN/DO/NP for CG#1 and HHM#4.

No evidence present in CCFFH records of current TB clearance for HHM#3.

41.(b)(8): No evidence present in CCFFH records of current bloodborne pathogen training for CG#1, CG#2, and CG#3. Training was due by 1/20/2025 for CG#1 and CG#3 and 1/22/2025 for CG#2.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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(3P)(a)(5) Staff	Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months, per 321-483(b)(4)(B) HRS.
(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.

Comment:

(3P)(a)(5) Staff: No evidence present in CCFFH records of minimum 12 hours of in-service training was completed in the past 12 months or 24 hours in the past 24 months.

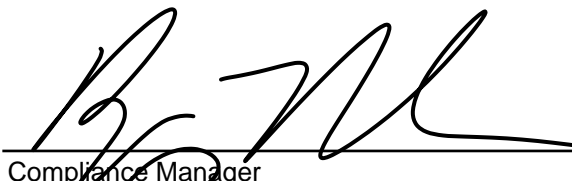
(3P)(b)(2) Staff: No evidence present in CCFFH records of updated caregiver sign-in and out sheet. Unable to determine if hour limits have been followed. CG#1 was reported on vacation from 6/23/2025 to 7/24/2025 but not documented who was caring for clients. CG#1 was not at CCFFH at time of inspection and CG#1 did not sign out.

Foster Family Home	Client Care and Services	[11-800-43]
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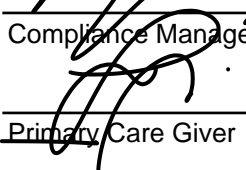
43.(c)(3)	Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.
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Comment:

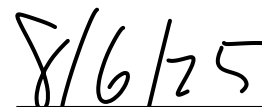
43.(c)(3): No evidence present in CCFFH records of RN delegations were given by client #1's case management for oral medication administration for CG#2. No RN signature noted in documentation.



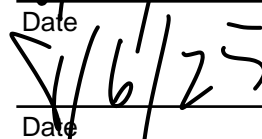
 Compliance Manager



 Primary Care Giver



 Date



 Date