

Foster Family Home - Deficiency Report

Provider ID: 1-561739

Home Name: Lawrence Sabangan, CNA

Review ID: 1-561739-25

94-1220 Halelehua Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 8/5/2025

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.

Client# 1 does not have form 1147 present.

Client#2 form 1147 expired on 12/3/2024, no new in file.

Client#3 form 1147 expired on 11/26/2023, no new in file.

Deficiency Report issued during CCFFH inspection via email on 8/6/2025 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;

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)

Second Fingerprint check is overdue for CG#3, HHM#2 and #3. Fingerprint was due on or before 10/12/2023. Fingerprints not present in their files.

Sex Offender check are not present for CG#5, HHM#2, and HHM#3.

8(a)(2) APS/CAN checks were overdue for CG#5.

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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#6, HHM#2 and HHM#3.

Foster Family Home - Deficiency Report

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#6. It was due on/before 7/20/2025.

41.(f)(1) No current TB clearance for HHM#2 and HHM#3. TB clearances was not present on file. TB exclusion not present for HHM#2 and HHM#3.

Foster Family Home

Client Care and Services

[11-800-43]

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.

Comment:

43.(c)(3) No RN delegation present for Client #1 for CG#2 and #4.

No RN delegation present for Client#2 for CG#5.

No RN delegation present for Client#3 for CG#6.

Foster Family Home

Records

[11-800-54]


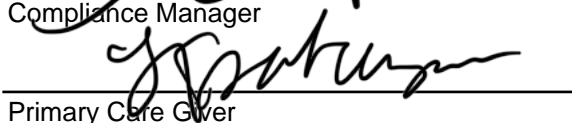
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

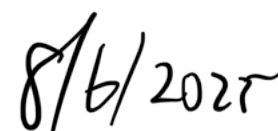
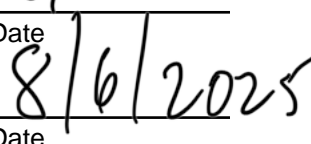
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54(c)(2) No current signature of POA/Client for service plan present for Client#1 and Client#2.

54(c)(6) Client#2 did not have evidence of RN monthly visit notes for 5/2025 and 6/2025.


Compliance Manager

Primary Care Giver


Date

Date