

Foster Family Home - Deficiency Report

Provider ID: 1-230075

Home Name: Fraidah Ablao, CNA

Review ID: 1-230075-5

211 Kolekole Drive

Reviewer: Po Lim

Wahiawa HI 96786

Begin Date: 8/21/2025

| 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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 8/21/2025 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;

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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.(a)(1) Fingerprint/background check was overdue for HHM#1. Fingerprint/ background check was due on or before 7/25/2025 is not present in the CCFFH file.

8(a)(2) APS/CAN checks were not present for CG#5.
APS/CAN was due on or before 11/26/2024 and was not present in the CCFFH file.

8(c) State Name Check (eCrim) was lapsed for CG#5. State Name Check (eCrim) was due on or before 11/26/2024 and was completed on 1/22/2025.

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Personnel and Staffing

[11-800-41]

- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).
- 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.
- 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.4 No disclosure form present for CG#3 and CG#4.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#3, #4, and #5. CG#3, #4, and #5 TB clearance were expired and was due on/before 11/9/2024.

41.(b)(8) CCFFH did not have evidence of current First Aid training for CG#3, CG#4, and CG#5. Both CG#3 and CG#4 First Aid are not present in the file. CG#5 had an expired BBP/IC on 1/17/2025.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1. CG#1 requires 12 hours of in-service training, but had only 4 hours attended in 2024.

No annual in-service training hours for CG#5 for 2024 present in record. CG#5 was required to have 8 hours in 2024.

41.g. No basic skills check present in record for CG#3 and CG#4.

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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 and Client#2 for CG#3, #4, and #5.

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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;

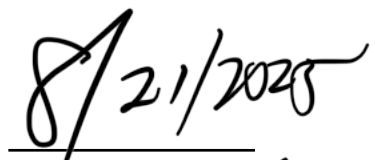
Comment:

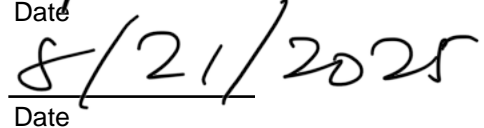
54(c)(2) No current signature for service plan present for Client#1. Client#1 last service plan in record is dated 9/29/2024.

54(c)(6) Client#2 did not have evidence of RN monthly visit notes from 9/2024 through 7/2025.


Compliance Manager


Primary Care Giver


Date


Date