

Foster Family Home - Deficiency Report

Provider ID: 1-190087

Home Name: John Morick U. Tiu, CNA

Review ID: 1-190087-13

1052 Luehu Street

Reviewer: Ryan Nakamura

Pearl City HI 96782

Begin Date: 8/18/2025

Foster Family Home	Required Certificate	[11-800-6]
--------------------	----------------------	------------

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 8/18/2025).

Foster Family Home	Background Checks	[11-800-8]
--------------------	-------------------	------------

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): Evidence of lapse of criminal background check for CG#1. Background check was due by 1/31/2025 and completed 6/24/2025.

8.(a)(2): Evidence of lapse of APS/CAN clearance for CG#1. APS/CAN clearance was due by 1/13/2025 and completed 6/30/2025.

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.(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.(b)(8): No evidence present in CCFFH records of current first aid training for CG#2. Training was due by 7/6/2025.

Evidence of lapse of bloodborne pathogen training for CG#2, CG#3, and CG#5. Training was due by 8/0/2024 and completed 6/13/2025.

No prior evidence present in CCFFH records of bloodborne pathogen training completed prior to 6/13/2025 for CG#1 and 7/14/2025 for CG#4. CTA unable to determine if lapse of training occurred.

41.(c): No evidence present in CCFFH records of minimum 12 hours of annual in-service training for CG#1 and minimum 8 hours of annual in-service training for CG#2, CG#3, CG#4, and CG#5 during 2024.

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;


54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2): No evidence present in client records of client/POA signature of current service plans for client #1 and client #2.

54.(c)(5): No documentation present noted from 1/23/2025 to 1/31/2025 for all medications for client #1. No documentation of 2 medications for client #2 since 8/12/2025.

Evidence of medications signed as administered prior medications scheduled administration time for multiple medications for client #1 and client #2.



Compliance Manager



Primary Care Giver



Date

Date