

Foster Family Home - Deficiency Report

Provider ID: 2-559726

Home Name: Ludivina Eder, CNA

Review ID: 2-559726-18

147 W. Kinai Place

Reviewer: Po Lim

Hilo

HI 96720

Begin Date: 8/29/2025

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 visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 8/29/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(a)(2) Be a NA, an LPN, or RN;

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)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

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(a)(2) CG#2 is not approved to work in a three beds CCFFH.

41(a)(2) CNA Prometric registry check are not present for CG#2.

41(a)(3) No job experience form present for CG#2 and CG#5.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#3. CG#3 TB clearance expired, was due on/before 8/8/2025.

41.(e) CG#2 approval form for current status of CCFFH (3 beds) is not present in the file.

41.g. No basic skills check present in record for CG#5 for Clients #1 and #2.

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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:

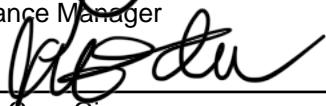
54(c)(2) No current signature of POA for service plan present for Client#1 since 4/2025.

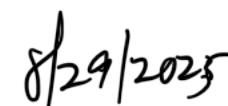
No current service plan for Client #2. Last one in record is dated 12/11/2024.

No current service plan for Client #3. Last one in record is dated 12/3/2024.

54(c)(6) Client#1 and Client#2 did not have evidence of RN monthly visit notes from 2/2025 through 7/2025. Last visit noted in file, for both clients, was on 1/2025.


Compliance Manager


Primary Care Giver


Date


Date