

Foster Family Home - Deficiency Report

Provider ID: 1-563818

Home Name: Efgeni Koh, CNA

Review ID: 1-563818-19

92-485 Awawa Street

Reviewer: Maribel Nakamine

Kapolei HI 96707

Begin Date: 9/3/2025

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 9/3/25).

6.d.1- Client #3's 1147 lapsed on 12/2/24 and no current document was present in client's chart.

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), (2)- CG#1's APS/CAN lapsed on 6/2/24 and was not renewed until 7/3/24; Ecrim lapsed on 9/24/23 and was not renewed until 8/28/24. CG#2's APS/CAN lapsed on 3/13/25 was not renewed until 6/20/25; Ecrim lapsed on 7/29/24 and was not renewed until 8/38/24. CG#3's APS/CAN lapsed on 1/13/25 and was not renewed until 2/19/25; Ecrim lapsed on 5/4/25 and was not renewed until 5/18/25.

Foster Family Home Personnel and Staffing [11-800-41]

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

Comment:

41.(b)(7)- CG#1's current TB clearance (4/2/25) was not documented on a department approved form.

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;

Comment:

54.(c)(2)- Client #2 without a Service Plan document in client's chart.



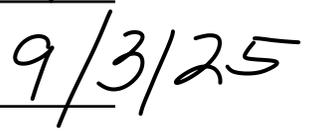
Compliance Manager



Primary Care Giver



Date 9/3/25



Date 9/3/25