

# Foster Family Home - Deficiency Report

Provider ID: 1-240084

Home Name: Mhee Susania, CNA

Review ID: 1-240084-3

1154 Iomea Place

Reviewer: Ryan Nakamura

Wahiawa

HI 96786

Begin Date: 9/10/2025

## 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: 9/10/2025).

## 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;

Comment:

8.(a)(1): No evidence present in CCFFH records of sex offender registry search completed for CG#2, CG#3, and CG#4.

## Foster Family Home Information Confidentiality [11-800-16]

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 evidence present in CCFFH records of CCFFH's confidentiality training was completed for CG#2, CG#3, and CG#4.

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

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

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

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): No evidence present in CCFFH records of Prometric CNA registry check completed for CG#1 and CG#3.

41.(f)(1): No evidence present in CCFFH records of TB clearance completed for HHM minor (above the age of 2).

41.(g): No evidence present in client records of basic skills were checked by client #1 or #2's case management agency for CG#3 and CG#4.

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## 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 evidence present in CCFFH records of RN delegations were given by client #1's case management agency for any tasks for CG#3 and CG#4.

No evidence present in client records of RN delegations were given by client #2's case management agency for any tasks for CG#2, CG#3, and CG#4.

## Foster Family Home

## Medication and Nutrition

[11-800-47]

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d)(2): No evidence present in client's service plan that addressed the use of vest and wrist restraints that were ordered by MD for client #1.

## Foster Family Home

## Physical Environment

[11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3): No evidence present in client records of written consent of use of camera/baby monitor used in client's bedroom signed by client's POA for client #1 and client #2.

## Foster Family Home

## Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50(a): Internal emergency management policy has a signature sheet that is not signed by CG#3 and CG#4.

## Foster Family Home

## Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): Belongings found in client #1 and client #2's bedrooms that did not belong to the client that lived in that bedroom. All belongings in client bedroom must belong to the client residing there.

## Foster Family Home

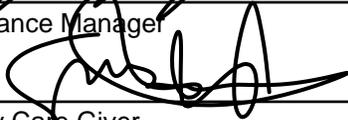
## Records

[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): No signature by client #2's POA noted on current service plan.

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date