

Foster Family Home - Deficiency Report

Provider ID: 1-250032

Home Name: Sylvain Koffi, CNA

Review ID: 1-250032-3

91-633 Aikanaka Road

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 1/8/2026

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 10 business days of inspection (inspection date: 1/8/2026).

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): No evidence present in CCFFH records of current criminal background check for CG#3. Background was due by 9/20/2025.

No sex offender registry searches present in CCFFH records for CG#1, CG#2, and CG#3.

8.(a)(2): No evidence present in CCFFH records of current APS/CAN clearance for CG#3. APS/CAN clearance was due by 5/22/2025.

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.

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

Comment:

16.(b)(5): No evidence present in CCFFH records of CCFFH's confidentiality policies training for CG#2 and CG#3.

16.(c)(1): No documentation present in client records of written authorization signed by client/POA of use or disclosure of client information for client #1 and client #2.

Foster Family Home - Deficiency Report

Foster Family Home	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 substitute caregiver disclosure form present in CCFFH records for CG#2.
- 41.(b)(7): No evidence present in CCFFH records of current TB clearance for CG#2 and CG#3. No prior TB clearance present in CCFFH records for CG#2. TB clearance was due by 7/12/2025 for CG#3.
- 41.(b)(8): CPR/first aid training present in CCFFH records expired 9/14/2025 for CG#3.
Bloodborne pathogen training present in CCFFH records expired 1/2/2026 for CG#3.
- 41.(c): No hours of annual in-service training completed in 2025 present in CCFFH records for CG#2.
Only 5 hours of annual in-service training completed in 2025 present in CCFFH records for CG#3.
- 41.(g): No evidence present in client records for basic caregiver skills check present by client #1 or client #2's case management agency for CG#3.

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 RN delegations given by client #1's case management agency for CG#3.
No RN delegations given by client #2's case management agency for CG#2 and CG#3.

Foster Family Home	Grievance	[11-800-45]
--------------------	-----------	-------------

- 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

- 45.(3): No documentation present in CCFFH records of signed acknowledgement of grievance policies were reviewed by client #1 and client #2.

Foster Family Home - Deficiency Report

Foster Family Home

Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): No evidence present in CCFFH records of fire drills conducted from 8/2025 to 12/2025.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No evidence present in CCFFH records of physician order for use of bed side rails for client #2.

Foster Family Home

Records

[11-800-54]

54.(c)(4) Client's emergency management procedures;

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

Comment:

54.(c)(4): No emergency protocol procedures present in client #1's records.

54.(c)(5): No documentation of medication administration present in client records for client #1 from 1/1/2026 to 1/8/2026

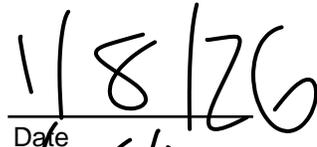
No documentation medication administration present in client records for client #2 from 12/15/2025 to 1/8/2026.

Client #2's Quetiapine routine medication order was not present in client #2's medication administration record.



Compliance Manager


Primary Care Giver



Date


Date