

Foster Family Home - Deficiency Report

Provider ID: 1-240042

Home Name: Crystal VangTung, CNA

Review ID: 1-240042-5

91-1369 Karayan Street

Reviewer: Maribel Nakamine

Ewa Beach HI 96706

Begin Date: 4/13/2026

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 inspection made for a 3-bed recertification.

Deficiency Report issued with plan of correction due to CTA within 10 business days (issued on 4/15/26).

PCG requests to increase from a 2-bed to a 3-bed CCFFH.

6.d.1- Client #1's 1147 document dated 3/27/26-3/27/27 without the client's MD/PCP's signature.

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Background Checks

[11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- HHM#2's APS/CAN expired on 2/26/26 and no current result was present.

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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.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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#5's CNA license expired on 10/31/24.

41.(a)(3)- CG#5 without a completed Job Experience Form.

41.(b)(7)- CG#2's TB clearance expired on 3/20/26; CG#4's expired on 2/6/26; CG#6's expired on 2/26/26. All were without the current TB clearances present.

41.(b)(8)- CG#5's CPR certificate expired on 4/2025 and no document was present.

41.(g)- No basic skills check present for CG#4 and CG#6 in Client #1's chart/records.

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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 that CG#6 was delegated on oral medication Administration for Client #1 and Client #2.

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Fire Safety

[11-800-46]

46.(b)(2)

All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#4, CG#5, and CG#6 were without evidences of having conducted a monthly fire drill for the past 12 months.

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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)- CCFFH with use of video surveillance system in the living room and dining area. No written consent was present for Client #2.

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Records

[11-800-54]

54.(c)(5)

Medication schedule checklist;

Comment:

54.(c)(5)- Tamsulosin and Mirtazapine were signed ahead of administration time of 8pm on today's date-4/13/26 in Client #1's Medication Administration Record (MAR). For Client #2, the following medications were also signed ahead of administration time of 6:00pm and 8:00pm: Atorvastatin, Lamotrigine, Gabapentin, and Escitalopram.

Marilyn Nakamine RN

Compliance Manager

Cynthia Vengtray

Primary Care Giver

4/15/26

Date

4/15/26

Date