

Foster Family Home - Deficiency Report

Provider ID: 2-140053

Home Name: Edna Salom, CNA

Review ID: 2-140053-10

812 West Kawaihoni Street

Reviewer: Terri Van Houten

Hilo HI 96720

Begin Date: 7/12/2021

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 home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 8/12/2021.

Foster Family Home 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) - CG#5 lapse in APS/CAN, was due 12/4/20 and was completed 1/13/21

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

Comment:

41.(a)(3) - CG#4 did not have evidence of job experience in the file.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire - No evidence that CG#4 conducted a fire drill.



Compliance Manager



Primary Care Giver

7/12/21

Date

Date