

# Foster Family Home - Deficiency Report

Provider ID: 1-170052

Home Name: Juliet Carino, NA

Review ID: 1-170052-8

76 Laimi Road

Reviewer: Julie Hastings

Honolulu

HI 96817

Begin Date: 7/14/2021

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)-Annual inspection conducted for this 2 bed home.  
Corrective Action Report issued with all corrections due by 8/16/2021.

## 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)

HHM#3 last Fingerprint was 7/12/19. Due again by 7/12/2020. No New.  
HHM#4 last Fingerprint was 7/12/19. Due again by 7/12/2020. No New.

8.(a)(2)

CG#2 last APS/CAN was 7/12/19. No 2021

HHM#3 last APS/CAN was 7/12/19. Due again by 7/12/2020. No New.

HHM#4 last APS/CAN was 7/12/19. Due again by 7/12/2020. No New.

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

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

Comment:

41.(f)(1)

HHM#3 last TB 7/3/19

HHM#4 last TB 6/28/19

## 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)

CG#3 and CG#4 have not signed delegation forms for Client #1.

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Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

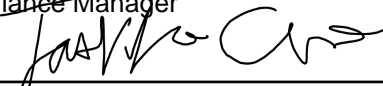
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Comment:

51.(a)(1)

Liability insurance in binder expired 11/30/2019 for CG#1, CG#2. CG#3, CG#4. No liability insurance on record for CG#5



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Compliance Manager



\_\_\_\_\_  
Primary Care Giver

7/16/2021

\_\_\_\_\_  
Date

7/16/2021

\_\_\_\_\_  
Date