

Foster Family Home - Deficiency Report

Provider ID: 5-150053

Home Name: Kristine Soliva, CNA

Review ID: 5-150053-8

3269 Palai Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 7/19/2021

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

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

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 8/19/2021.

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

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.

Comment:

41.(c)- CG#1 short of 4 hours; CG#2 short of 2 hours; CG#3 short of 2 hours; and CG#4 short of 2 hours of annual in service training.

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)- Client #1's Service Plan dated 6/23/2021 without the Client/POA's signature.

Maribel Nakamine, PCW 7/19/2021

Compliance Manager

Date

Kristine Dausay Soliva

7/19/2021

Primary Care Giver

Date