

Foster Family Home - Deficiency Report

Provider ID: 4-589335

Home Name: Lorenza Torres, CNA

Review ID: 4-589335-12

11 Hoomoku Loop

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 7/9/2021

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 annual home inspection for 3 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 8/19/2021.

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) - CG#4 did not have evidence of a current APS/CAN or Fingerprint on file. (Expired m1/18/21)

8.(a)(2) - CG#4 did not have evidence of a current eCrim on file. (expired 12/24/20)

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

Comment:

41.(b)(7) - CG#4 did not have evidence of current TB clearance.

41.(f)(1) HHM#2 did not have evidence of current TB clearance.-

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

(3P)(b)(1) Fire shall be conducted monthly

Comment:


(3P)(b)(1) Fire - CCFFH did not have evidence of fire drills conducted in the last 12 months.

Foster Family Home Records [11-800-54]

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

Comment:

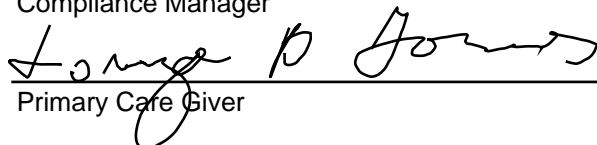
54.(c)(5) - Client #1 medication discrepancy between MD order, MAR and prescription label.



Compliance Manager



Date



Primary Care Giver

7/19/2021

Date