

Foster Family Home - Deficiency Report

Provider ID: 1-558976

Home Name: Vising Santiago, CNA

Review ID: 1-558976-10

41-565 Inoaole Street

Reviewer: Julie Hastings

Waimanalo HI 96795

Begin Date: 7/8/2021

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

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

Comment:

6.(d)(1)-6.(d)(1)-Annual inspection conducted for this 3 bed home.

A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 8/12/2020.

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

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

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

Comment:

41.(e) No 3 client approval form for CG#2 or CG#3 in Binder (both meet the qualifications and are in ODIE as a 3 client SCG)

41.(f)(1)
HHM#2 TB lapsed. Last TB was 6/1/2020. No TB in 2021

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

No 2020 Fire Drills available in binder at time of inspection.



Compliance Manager



Primary Care Giver

7/8/2021

Date

7/8/2021

Date