

# Foster Family Home - Deficiency Report

Provider ID: 1-150026

Home Name: Lillian Joaquin, LPN

Review ID: 1-150026-10

94-1078 Hoomakoa Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 8/17/2021

## 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 unannounced inspection made today. Corrective action report was issued during visit with a written plan of correction due to CTA by 9/17/21.

## 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:

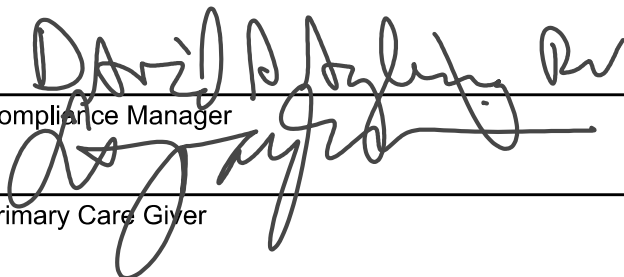
8.(a)(1)(2) - No current APS/CAN and Fingerprints for CG #3. Expired on 3/18/2021.


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

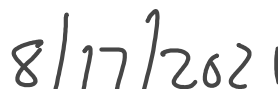
(3P)(b)(6) Fire shall include all SCGs at least once per year


Comment:

(3P)(b)(6) Fire - CG #3 has not lead a fire drill in the last 20 months.

  
\_\_\_\_\_  
Compliance Manager

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date