

# Foster Family Home - Deficiency Report

Provider ID: 1-130051

Home Name: Elizabeth Soriano, NA

Review ID: 1-130051-10

91-812 Aaha Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 9/14/2021

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

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.  
Deficiency Report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

## Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) Indoor and outdoor living spaces are cluttered in a manner infringing on the spaces available for clients use

## 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;

54.(c)(7) Expenditure records; and

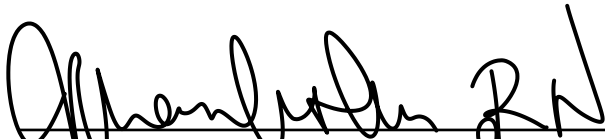
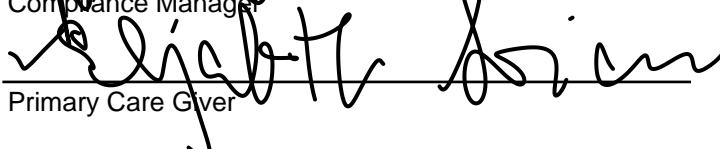
54.(c)(8) Personal inventory.

Comment:

54.(c)(2) Service plan for clients #1 and # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice or unsigned by client /POA

54.(c)(8) Client # 1 and 2 Personal inventory sheet is not signed or dated

54.(c)(7) No proof of Expenditure records for client # 2

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date