Foster Family Home - Deficiency Report

Provider ID:	**1-180013**		
Home Name:	**Imie Rose Zaluaga, LPN**	**Review ID:**	**1-180013-10**
1348 17th Avenue		Reviewer:	Julie Hastings
Honolulu HI 96816		Begin Date:	9/28/2021

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

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

Comment:

HOME REQUESTING TO INCREASE TO 3 CLIENTS

6.(d)(1) - Unannounced home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 10/28/2021.

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)
8.(a)(2)
CG#2 1 set FP 8/18/2020 due 2021, no new
HHM#4 has no Fingerprint/APS/CAN on record

Foster Family Home — Information Confidentiality — [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)
HHM#1, and HHM#4 do not have privacy/confidentiality training

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

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

Comment:

41.(f)(1) HHM #4 and 2 minors do not have TB clearance

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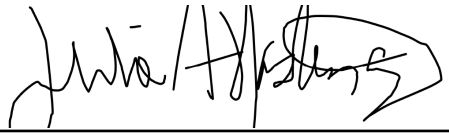
Foster Family Home **Insurance Requirements** **[11-800-51]**

51.(a)(1) General;

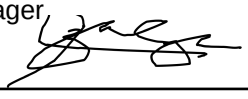
Comment:

51.(a)(1)
CG#4 not on liability insurance



Compliance Manager

9/28/2021
Date



Primary Care Giver

9/28/2021
Date