# Foster Family Home - Deficiency Report

**Provider ID:** 2-100009  
**Home Name:** Alejandro Salom, CNA  
**Review ID:** 2-100009-10  
**15-1360 Poni Moi Street**  
**Reviewer:** Terri Van Houten  
**Kea’au HI 96749**  
**Begin Date:** 10/6/2021  

## 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 home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by X11/5/2021.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).  
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and  

**Comment:**  
41.(b)(4) - CG#5 did not have evidence of CG disclosure.  
41.(b)(7) - CG#1 did not have evidence of current TB clearance.

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

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

**Comment:**  
(3P)(b)(6) Fire - CCFFH did not have evidence that each CG has conducted a fire drill within the last year.
<table>
<thead>
<tr>
<th>Rule Number</th>
<th>Corrective Action Taken – How was each issue fixed for each violation?</th>
<th>Date each violation was fixed</th>
<th>Prevention Strategy – How will you prevent each violation from happening again in the future?</th>
</tr>
</thead>
<tbody>
<tr>
<td>41. (b)(4)</td>
<td>I received a disclosure form for CG#5 and placed it in the CCFFH binder.</td>
<td>10/07/2021</td>
<td>I will ensure that all CGs have disclosure form moving forward. I will use a note reminder.</td>
</tr>
<tr>
<td>41. (b)(7)</td>
<td>I obtained a recent copy of my TB clearance from [redacted] and placed it in the CCFFH binder.</td>
<td>10/07/2021</td>
<td>I will make sure that all TB clearances are up to date from now on. I have listed when vaccinations are due for each caregiver to ensure that they are obtained on time.</td>
</tr>
<tr>
<td>(3P) (b)(6)</td>
<td>I made sure that all CGs will participate and conduct a fire drill at least once a year.</td>
<td>10/07/2021</td>
<td>I will make sure that all caregivers are present and are able to conduct in a fire drill annually. I have scheduled each each SCG on a calendar to conduct a drill.</td>
</tr>
</tbody>
</table>

☑ All items that were fixed are attached to this CAP

PCG’s Signature: Alejandro Salom

Date: 10-13-21

☒ CTA has reviewed all corrected items