

Foster Family Home - Deficiency Report

Provider ID: 1-513011

Home Name: Lilia Galutira, LPN

Review ID: 1-513011-9

94-780 Koniaka Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 10/28/2021

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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 11/28/2021.

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), (2)- CG#3 and CG#4's APS/CAN lapsed on 1/15/2021 and done on 4/22/2021.

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2 and CG#4 without evidences of having had the CCFFH's Emergency Preparedness Plan training.

Maribel Nakamine, 10/28/2021
Compliance Manager Date
Lilia Galutira, 10/28/2021
Primary Care Giver Date