

Foster Family Home - Deficiency Report

Provider ID: 1-190100

Home Name: Miriam G. Feliciano, NA

Review ID: 1-190100-6

1455 Meyers Street

Reviewer: Julie Hastings

Honolulu

HI

96819

Begin Date: 10/1/2021

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 annual home inspection for 2 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 11/04/2021.

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#1 only has one APS/CAN/Fingerprint dated 9/3/2020. Was due again on or before 9/3/2021. No new.

CG#4 only has one set of fingerprints dated 10/22/19.

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

41.(a)(2) Be a NA, an LPN, or RN;

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(a)(2)

CG#3 CNA expired

41.(b)(7)

CG#3 has no TB in 2021 last TB was early 2020.

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

50.(d) The home shall cooperate at all times with the case management agency serving a client it has placed in the home. Such cooperation shall include providing the case management agency access to the home and the client at any time requested by the case management agency.

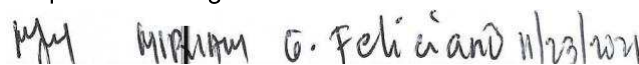
Comment:

50.(d)

Home had locked gate without a doorbell, preventing timely access to the CCFFH and inhibiting the review.



Compliance Manager



Primary Care Giver

10/01/2021

Date

10/04/2021

Date