

Foster Family Home - Deficiency Report

Provider ID: 1-200009

Home Name: Floriefe Agonias, NA

Review ID: 1-200009-5

94-312 Paiwa Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 12/29/2021

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 1/29/2022.

Foster Family Home Medication and Nutrition [11-800-47]

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:


47.(e)- CG#2, CG#3, and CG#4 without evidence of having had Client #1's pureed diet training.

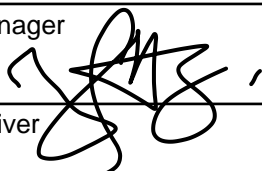
Foster Family Home Insurance Requirements [11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- Automobile Policy insurance expired on 7/1/2021; no current renewal present in the CCFFH binder.


Compliance Manager 12/29/2021
Date


Primary Care Giver 12/29/2021
Date