

Foster Family Home - Deficiency Report

Provider ID: 1-210053

Home Name: Lovie Chantengco, CNA

Review ID: 1-210053-3

94-440 Kahualei Place

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 4/29/2022

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

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

Comment:

recertification inspection for a 1 bed CCFFH. Deficiency report issued with corrections due within 30 days

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;

Comment:

8.(a)(1) No proof of year 2 fingerprint, APS CAN for HHM 1

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) No TB clearance for HHM # 1 or CG # 2

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:


46.(a) No documentations of fire drills since 3/2022


Foster Family Home Client Rights [11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) There were [redacted] [redacted] in Client [redacted] bedroom. There were no consent forms for use of [redacted] [redacted]. Use of [redacted] is a violation of client privacy without proper consent.



Compliance Manager


Primary Care Giver

4/29/22

Date
4/29/22

Date