

Foster Family Home - Deficiency Report

Provider ID: 1-563751

Home Name: Adela Salacup, CNA

Review ID: 1-563751-12

94-1067 Kuhaulua Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 5/31/2022

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 inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 6/30/2022.

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)- C [redacted] and C [redacted] APS/CAN lapsed on [redacted]; both Ecrims lapsed on [redacted]. No current APS/CAN/Ecrim present in the CCFFH binder.

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

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7)- C [redacted]'s TB clearance expired on [redacted] and was done on [redacted]
41.(f)(1)- HH [redacted]'s TB clearance lapsed on [redacted] and HHM [redacted]'s lapsed on [redacted]. Both were without current TB clearances present.

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

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

Comment:

(3P)(b)(6)Fire- C [redacted] without evidence of having conducted a monthly fire drill for the past 12 months.

Maribel Nakamine, CW 5/31/22

Compliance Manager

Date

[Signature]
Primary Care Giver

5/31/22
Date