

# Foster Family Home - Deficiency Report

Provider ID: 1-120013

Home Name: Elena A. Vilorio, CNA

Review ID: 1-120013-14

91-1359 Wahane Street

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 8/1/2022

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

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

Comment:

Unannounced inspection made for a 3-bed recertification. Corrective action report issued during inspection with corrective action plan due to CTA on 9/1/2022. (30 days from the date the CCFFH is given their deficiency report).

## 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. And 8.a.2. CG#2 and CG#4 did not meet the two sets of APS, CAN, Fingerprints within 12 months requirements. None are present.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.b.5. CG#3 and #4 is missing confidential/ privacy rights training, none are present.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.b.4 CG#3 is missing disclosure form f [REDACTED] caregiver.

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

(3P)(b)(1) Fire shall be conducted monthly

Comment:

3P.b.1. Last Fire Drill was conducted on 5/8/2022. Missing June and July 2022 drills.

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Foster Family Home



Quality Assurance


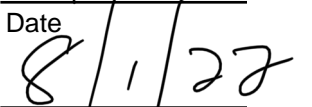
[11-800-50]

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#3 and #4 did not have training for Emergency Preparedness Plan.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date