

# Foster Family Home - Deficiency Report

Provider ID: 1-000006

Home Name: Erick Crisostomo, CNA

Review ID: 1-000006-12

94-1129 Hina Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 8/9/2022

## 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 9/9/2022.

## 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)- CG#2's APS/CAN/Fingerprinting lapsed on 6/10/22. No current result present in the CCFFH binder.

## 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 July 2022 fire drill completed.

## Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Client #1 and Client #2 without the August 2022 Medication Administration Record(MAR). Client #1's MAR was last signed on 7/19/22.

*Maribel Nakamine, RC* 8/9/22

Compliance Manager

*Maribel Nakamine*

Primary Care Giver

Date

8/9/22

Date