

Foster Family Home - Deficiency Report

Provider ID: 1-559049

Home Name: Carmencita Asuncion, CNA

Review ID: 1-559049-13

94-1169 Kahuanui Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 11/4/2022

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 inspection made for a 2-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 12/04/2022. (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 lapsed on APS, CAN, and ECRIM. APS/CAN old expired on 7/15/2022 and was renewed on 9/12/2022. ECRIM old expired on 7/5/2022 and renewed on 8/11/2022:

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. Emergency Preparedness Plan is missing.

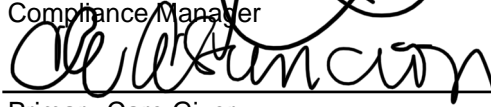
Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

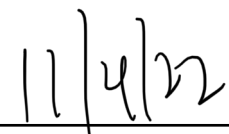
Comment:

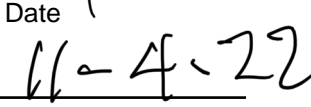
54.c.2. Client#2 service plan dated 5/9/2022 was not signed by the Client/POA.



Compliance Manager


Primary Care Giver



Date


Date