

# Foster Family Home - Deficiency Report

Provider ID: 1-210018

Home Name: Leticia Torricer, CNA

Review ID: 1-210018-5

94-423 Uanii Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 11/2/2022

## 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 12/02/2022. (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:

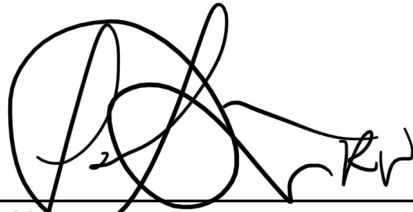

8.a.1. And 8.a.2 CG #1 , #2, and HHM #2, #3, #4 did not meet the 2 sets of APS, CAN, Fingerprints within 12 months period.

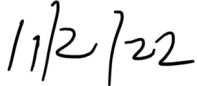
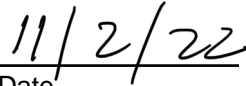
## Foster Family Home Fire Safety [11-800-46]

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. Last fire drill conducted was 9/29/2022. Missing October 2022 fire drill.

  
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Compliance Manager  
  
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Primary Care Giver

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