

# Foster Family Home - Deficiency Report

Provider ID: 1-220016

Home Name: Leofel Menor, CNA

Review ID: 1-220016-3

94-332 Kahualena Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 12/12/2022

## 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 1/12/2023. (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#3 did not meet the 2 sets of APS, CAN, and Fingerprints within the 12 month 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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.a. And 46.b.2. CG#2 and CG#3 did not conducted a fire drill for the past 12 months. Missing fire drills for 3/22 through 6/22, 8/2022, 10/2022, and 11/2022.

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

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

54.(c)(8) Personal inventory.

Comment:

54.c.5. MAR for Client #1 is missing entry on 12/9/22 thru 12/11/22. Whiteout was used on both Clients MAR.

54.c.8. Personal inventories for both clients are missing.

Compliance Manager

Primary Care Giver

Date

Date