

Foster Family Home - Deficiency Report

Provider ID: 1-511817

Home Name: Lilia Rafael, CNA

Review ID: 1-511817-14

1744 Kealia Drive

Reviewer: Po Lim

Honolulu HI 96817

Begin Date: 11/15/2022

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 12/15/2022. (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. HHM #2 did not meet the 2 sets of APS/CAN/ Fingerprints within 12 months period.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.f.1. HHM#2 and HHM#3 are missing TB test, none present.

Compliance Manager

Primary Care Giver

Date

Date