

# Foster Family Home - Deficiency Report

Provider ID: 1-576241

Home Name: Luz Agustin, CNA

Review ID: 1-576241-13

87-290 Mikana Street

Reviewer: Po Lim

Waianae

HI 96792

Begin Date: 11/21/2022

## 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 3-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 12/21/2022. (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, 3, 4, 5, 7, 8 did not meet the 2 sets of APS/ CAN/ Fingerprints within the 12 months period.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.b.5. HHM#2, 3, 4, 5, 7, 8 did not received confidentiality training and no signatures.

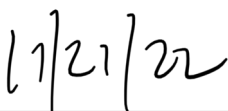
## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

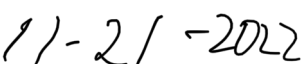
(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

3P.b.6. CG#2 and CG#3 did not conduct fire drill for the past 12 months.

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date