

# Foster Family Home - Deficiency Report

Provider ID: 1-562688

Home Name: Luzviminda Godoy, CNA

Review ID: 1-562688-12

94-1030 Mahoe Place

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 12/13/2022

## 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 1/13/2023. (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#2 (HHM#3) did not meet the 2 sets of APS, CAN, Fingerprints within a 12 months period.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.b.7. CG#4 TB expired on 6/2022, no new present.

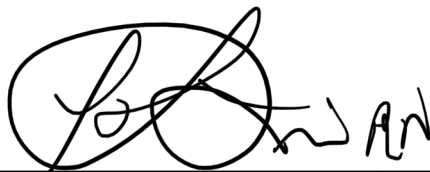
## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

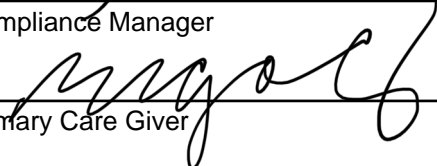
(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

3P.b.1 and 3P.b.6. Last fire drills was conducted in 12/2021. No new fire drills present, since 1/2022 thru 11/2022.



Compliance Manager



Primary Care Giver

12/13/22

Date

12/13/22

Date