

# Foster Family Home - Deficiency Report

Provider ID: 1-110061

Home Name: Necita Chaffin, CNA

Review ID: 1-110061-17

94-1031 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 2-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;

Comment:

8.a.1. CG#1 have expired ECRIM on 8/28/2022, no new present.

## 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#2 (HHM#2) and CG#3 (HHM#1) have expired TB test/screening. Expired on 2/11/2022 and 1/13/2022, respectively.

## 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. CCFFH is missing fire drills from JAN 2022 through NOV 2022.

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

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

Comment:

54.c.5. Client #1 and #2 is missing December 2022 MARs. None present.

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Compliance Manager

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Primary Care Giver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date