

Foster Family Home - Deficiency Report

Provider ID: 1-120016

Home Name: Wilhelmina Botelho, CNA

Review ID: 1-120016-13

94-570 Niulii Street

Reviewer: Po Lim

Waipahu

HI

96797

Begin Date: 10/11/2022

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 annual recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 11/11/2022. (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 CG#2 have expired APS/CAN on 12/31/2021 , and ECrim expired on 12/20/2021.

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 expired TB on 12/4/2021. CG#3 expired TB on 12/16/2021.

Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.c.2 Service plan for Client #2 is not signed by the client's POA.

Compliance Manager

Primary Care Giver

Date

Date