

# Foster Family Home - Deficiency Report

Provider ID: 1-220039

Home Name: Barbara Vili-Alofa, NA

Review ID: 1-220039-3

91-1164 Hanaloa Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 2/9/2023

## 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 visit made for a 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 2/9/2023 with Plan of Correction due to CTA within 30 days of inspection date of 2/9/2023.

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(a)(2) APS/CAN checks were overdue for CG# 1.  
APS/CAN was due on or before 2/12/2022.

8(c) State Name Check (eCrim) was overdue for CG# 1 and HHM# X. State Name Check (eCrim) was due on or before 2/12/2022.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG #1 and #2. It was due on/before 1/16/2023.

## Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence of a current liability insurance policy for the business. Expired on 12/31/2022.

Compliance Manager

Primary Care Giver

Date

Date