

Foster Family Home - Deficiency Report

Provider ID: 4-000016

Home Name: Clariza E. Rabanes, CNA

Review ID: 4-000016-12

185 Ani Street

Reviewer: Terri Van Houten

Kahului

HI 96732

Begin Date: 4/11/2023

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 5/11/2023.

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

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:


41.(e) - CCFFH did not have evidence that CG #5 has a current first aid training certificate.


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) Fire - CCFFH did not have evidence that CG#2, #5 or #7 had conducted a fire drill within the last 12 months.



Compliance Manager


Primary Caregiver

4/11/23

Date
4/11/23

Date