

Foster Family Home - Deficiency Report

Provider ID: 1-562810

Home Name: Evelyn Mar, CNA

Review ID: 1-562810-12

94-959 Lumimoe Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 4/20/2023

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 4/20/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

Comment:

8(a)(2) APS/CAN checks were overdue for CG #4 (HHM#2). Expired on 1/20/2023, no new present.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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

Comment:

41.b.4. CG#1 has outdated disclosure form.

41.(b)(7) CCFFH did not have evidence of current TB clearance for CG#4 (HHM#2). CG#4 TB expired 12/29/2022. No new present in files.

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) - Last fire drill present in record was documented on 5/22/2021. No fire drill documentation present from June 2021 through March 2023.

Compliance Manager

Primary Care Giver

Date

Date