

Foster Family Home - Deficiency Report

Provider ID: 1-160025

Home Name: Jacqueline Atienza, CNA

Review ID: 1-160025-14

91-1041 Ma Ke Kula Place

Reviewer: Deborah Baumgart

Ewa Beach

HI 96706

Begin Date: 1/20/2023

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 3-bed annual inspection.

Deficiency report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection.

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 were lapsed for CG#3 APS/CAN due on or before 3/25/22 and is not present in the CCFFH file. 8.(c) eCrim was lapsed for CG#3 eCrim due on or before 4/4/2022 and is not present in the CCFFH file.

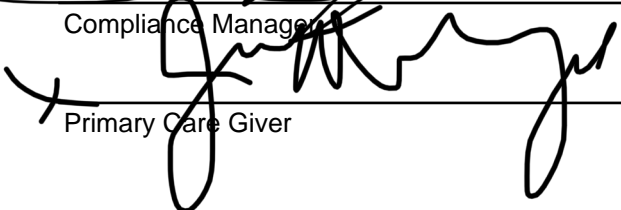
Foster Family Home Personnel and Staffing [11-800-41]

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

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance for CG#3 TB clearance was lapsed was due on or before 3/6/22



Compliance Manager


Primary Care Giver

1/20/23

Date
1/20/23

Date