

Foster Family Home - Deficiency Report

Provider ID: 1-110052

Home Name: Josefina Daga, CNA

Review ID: 1-110052-14

1919 Beckley Street

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 3/27/2023

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 visit.

Deficiency Report issued during CCFFH inspection via email on 3.27.2023 with Plan of Correction due to CTA within 30 days of inspection date of 3.27.2023.

Foster Family Home

[11-800-8]

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

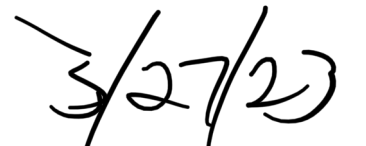
Comment:

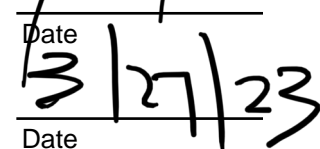
8(a)(2) APS/CAN checks were overdue for CG#1.
APS/CAN was due on or before 06/20/2022 and is not present in the CCFFH file.



Compliance Manager


Primary Care Giver



Date


Date