

Foster Family Home - Deficiency Report

Provider ID: 4-170048

Home Name: Judy Lapuebla, CNA

Review ID: 4-170048-11

5 Puakala Place

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 5/5/2023

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 annual inspection for 2 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 6/5/2023.

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)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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

Comment:

41.(b)(4) - CG#1 disclosure form had not been updated related to changes in the household composition.

41.(b)(5) - CG#1's state ID was expired, CCFFH did not have a current alternate transportation plan and the auto insurance policy on file was expired.

41.(b)(7) - CG#3 did not have a current TB clearance/TB exclusion on file.

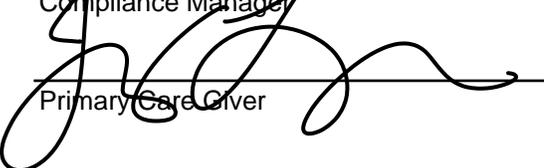
Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2) - CCFFH did not have evidence that CG#2 had conducted a fire drill within the last 12 months.



Compliance Manager


Primary Care Giver

5/5/23

Date
5/5/23

Date