

Foster Family Home - Deficiency Report

Provider ID: 1-577702

Home Name: Ofelia Mendez, CNA

Review ID: 1-577702-12

94-070 Poailani Circle

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 4/4/2023

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 4/4/2023 with Plan of Correction due to CTA within 30 days of inspection date of 4/4/2023.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

Comment:

8.a.1.and 8.a.2. CG#6 did not meet the 2 sets of APS, CAN, Fingerprints requirements within a 12 months period.

8(a)(2) APS/CAN checks were overdue for CG#7.

APS/CAN was due on or before 02/04/2023, no new present.

Compliance Manager

Primary Care Giver

Date

Date