

Foster Family Home - Deficiency Report

Provider ID: 1-613613

Home Name: Remedios Onigama, NA

Review ID: 1-613613-16

92-691 Welo Street

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 1/6/2023

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1. Unannounced inspection made for a 2-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 2/06/2023. (30 days from the date the CCFFH is given their deficiency report).

Foster Family Home	Background Checks	[11-800-8]
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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. CG#1 expired on 5/7/2022 and renew on 9/12/2022.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.b.7. CG#2 (HHM#1) lapsed on TB test/screening. CG#2 (HHM#1) expired on 3/30/2022 and renewed on 6/20/2022. CG#3 (HHM#2) expired TB test on 9/27/2022 and no new present.

41.b.8. CG#1 is missing CPR/AED/First AID certificate.

41.c. CG#1 is missing 4 hours credit of CE/ in-service training.

Foster Family Home	Fire Safety	[11-800-46]
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46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.b.2. CG#3 is did not conduct a fire drill from the month of May 2021 through May 2022.

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Foster Family Home

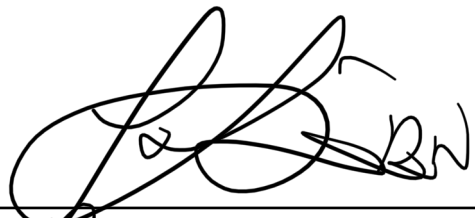
Insurance Requirements

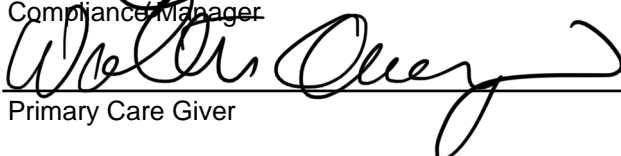
[11-800-51]

51.(a)(1) General;

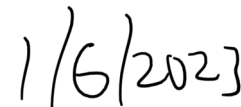
Comment:


51.a.1. Liability insurance had expired on 12/31/2022 and no new present.



Compliance Manager


Primary Care Giver



Date


Date