

# Foster Family Home - Deficiency Report

Provider ID: 1-200075

Home Name: Shella Marie Romagos, CNA

Review ID: 1-200075-5

94-502 Kahualena Street

Reviewer: Po Lim

Waipahu

HI

96797

Begin Date: 1/27/2023

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:

Deficiency Report issued during CCFFH inspection via email on 1/27/2023 with Plan of Correction due to CTA within 30 days of inspection date of 1/27/2023.

CCFFH is applying for increase from 2 beds to 3 beds.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

Comment:


41(a)(3) No job experience form present for CG #3, #4, #5.


Foster Family Home	Insurance Requirements	[11-800-51]
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51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence that all CGs are included on the liability insurance policy. CG #4 is not included on the policy.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date