

Foster Family Home - Deficiency Report

Provider ID: 1-582727

Home Name: Welma Nalos, CNA

Review ID: 1-582727-13

91-910 Pailani Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 2/10/2023

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 2/10/2023 with Plan of Correction due to CTA within 30 days of inspection date of 2/10/2023.

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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(c) State Name Check (eCrim) was lapsed for HHM# 2. State Name Check (eCrim) was due on or before 3/1/2022 and was completed on 1/10/2023.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) The CCFFH did not have evidence that fire drills had been conducted by CG #3 once a year. Last conduct by CG#3 was 11/1/2021.

Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54(c)(2) No current service plan present for Client# 1. Last one in record is dated 7/27/2022.

No signature from client's POA for service plans dated on 1/27/2022 and 7/27/2022.



Compliance Manager

Welma Nalos

Primary Care Giver

2/10/2023

Date

2/10/2023

Date