

Foster Family Home - Deficiency Report

Provider ID: 1-140022

Home Name: Fidela L.R. Batoon, CNA

Review ID: 1-140022-15

1016 Laakea Place

Reviewer: Po Lim

Honolulu

HI 96818

Begin Date: 6/5/2023

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 visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 6/5/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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 overdue for CG#1, #2, #3 and HHM #1, #2. State Name Check (eCrim) was due on or before 6/1/2023, and are not present in the CCFFH file.

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

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) The CCFFH did not have evidence that fire drills had been conducted monthly. Last drill was conducted on 1/20/2023.

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 and #2. Both service plans are missing signature from clients/POAs.

Compliance Manager

Primary Care Giver

Date

Date