Foster Family Home - Deficiency Report

Provider ID: 1-210073

Home Name: Janice Serrano Mendoza, Review ID: 1-210073-6

CNA

94-483 Hoaeae Street Reviewer: Maribel Nakamine

Waipahu HI 96797 Begin Date: 6/6/2023

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 6/6/23).

PCG requests to increase from a 2-client to a 3-client CCFFH.

Foster Family	/ Home	Background Checks	[11-800-8]	
8.(a)(1)	Be subje	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), (2)- CG#3 and CG#4 were without a current results (within 6 months) of APS/CAN/Fingerprint as CG#1 has applied for an increase to a 3-client CCFFH.

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

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41.(a)(3)- No completed Job Experience Forms present for CG#3 and CG#4.

41.(c)- No annual in services hours were present for the year 2023 for CG#1, CG#3, and CG#4. CG#5 was short of 8 hours of the required 12 hours of annual inservices for the year 2023.

Compliance Manager

Primary Care Giver

Date Date

Date

6/6/2023 4:05:44 PM