

Foster Family Home - Deficiency Report

Provider ID: 1-220071

Home Name: Abigail Fernando, NA

Review ID: 1-220071-3

2008 Ulana Street

Reviewer: Po Lim

Honolulu

HI

96819

Begin Date: 6/15/2023

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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 6-15-2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

8.(a)(1) 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:

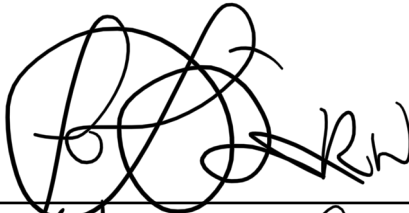
8.a.1.and 8.a.2. CG#2 did not meet the 2 sets of APS, CAN, Fingerprints requirements within a 12 months period.

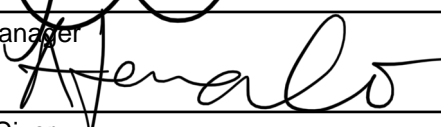
Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG# 2.



Compliance Manager


Primary Care Giver

6/15/2023

Date
6-15-2023

Date