

# Foster Family Home - Deficiency Report

Provider ID: 1-587420

Home Name: Lilibeth Quinones, CNA

Review ID: 1-587420-13

91-1152 Kaunolu Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 5/26/2023

## 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 5/26/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## Foster Family Home Personnel and Staffing [11-800-41]

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:


41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1, #2, #3, #4, #5, #6, #7. All CG requires 12 hours of in-service training, but had less than 12 hours attended.

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

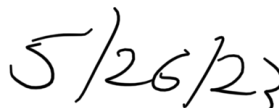
(3P)(b)(6) Fire shall include all SCGs at least once per year

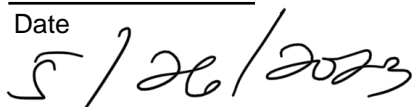
Comment:

3P.b.6. CG #7 did not conduct a fire drill in the past 12 months.

  
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Compliance Manager

  
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Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date