

# Foster Family Home - Deficiency Report

Provider ID: 4-589335

Home Name: Lorenza Torres, CNA

Review ID: 4-589335-17

11 Hoomoku Loop

Reviewer: Terri Van Houten

Kahului HI 96732

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 annual inspection for 3 bed CCFFH. Report issued via email following the CCFFH inspection with written plan of correction due to CTA by 6/26/2023.

## 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) - CCFFH did not have evidence of a current eCrim report for CG#1, #2, and #3. ECrim on file expired 2/23/23.

8.(a)(2) - CCFFH did not have evidence of a current APS/CAN for CG#1, #2, and #3. APS/CAN on file expired on 3/10/23.

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

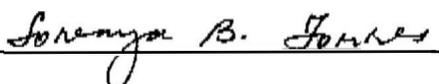
41.(b)(5) - CG#3 and CG#5 did not have a current copy of a state ID on file.

41.(b)(7) - CCFFH did not have evidence of a current TB clearance/exclusion for CG#3. TB expired 11/27/22.

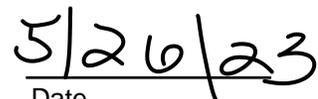
41.(b)(8) - CG#5 did not have a current copy of First Aid training on file in the CCFFH.



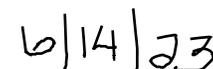
Compliance Manager



Primary Care Giver



Date



Date