

Foster Family Home - Deficiency Report

Provider ID: 1-614059

Home Name: Marites Calapini, CNA

Review ID: 1-614059-14

94-108 Hula Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 7/11/2023

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 7/11/23).

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;

Comment:

8.(a)(1)- CG#1's Ecrim lapsed on 7/6/22 and was not done until 7/14/22.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No monthly fire drill completed from August 2022 thru December 2022.

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2, CG#6, CG#7, and CG#8 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Maribel Nakamine, R.N.

Compliance Manager

[Signature]
Primary Care Giver

Date

Date

7/11/23

7/11/23