

# Foster Family Home - Deficiency Report

Provider ID: 1-150003

Home Name: Emelita S. Laurente, NA

Review ID: 1-150003-12

1703 Kamehameha IV Road

Reviewer: Terri Van Houten

Honolulu

HI

96819

Begin Date: 9/27/2023

## 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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 10/27/2023.

## 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;

Comment:

8.(a)(1): No evidence of valid APS and CAN report for CG#4. Last APS and CAN report expired on 9/02/2023.

## 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 evidence of confidentiality training was completed for CG#4.

## 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 evidence of monthly fire drill was conducted at CCFFH in the past 12 months. Missing fire drills for the month of August, July, and June.

## Foster Family Home Records [11-800-54]

54.(a)(3) A list of applicable community resources.


54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(a)(3): No evidence of CCFFH having resource list available for clients.

54.(c)(2): No evidence of CCFFH having service plan for Client #2 covering the last 12 months. Client missing service plan from 10/2022.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date

CTA RN Compliance Manager: Terri Van Houten

**Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Emelita Laurente

(PLEASE PRINT)

CCFFH Address: 1703 Kamehameha IV Rd Honolulu, HI 96819

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(1)	CG #4 obtained current and valid APS and CAN report.	10/02/23	Home will use electronic and wall calendar to set reminders of all upcoming due dates for each checks and reports for each caregivers. Reminders will be set at least 3 weeks prior to due dates to prevent lapses.
16.(b)(5)	Confidentiality Training for CG #4 was completed. Paperwork was recorded and stored for record-keeping.	10/12/23	Home will use logs of required annual trainings for caregivers. Operator will input in electronic and wall calendars for each annual trainings for each caregivers and will set reminders at least 3 weeks prior to due dates to prevent lapses.
46.(a)	Lapse for montly fire drills from months of August, July, and June cannot be corrected. Montly fire drill was completed for the month of October.	10/05/23	Home will conduct monthly fire drills as part of montly required tasks, and input drills in logs for record keeping.
54.(a)(3)	Electronic and hard copy community resources obtained and placed in resource folder.	09/28/23	Home will obtain most updated community resource booklets annually.
54.(c)(2)	Service Plan for Client #2 was obtained from case management agency.	10/24/23	Home will obtain service plans for all clients routinely and as appropriate and place copies in client binders.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 10/25/23

☒ CTA has reviewed all corrected items