

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